		No. JE)		Р			
Ex Parte				§	IN	THE JUSTICE COURT		
Print your name:			\$ \$ \$			PRECINCT 5, PLACE 2		
First	Middle	§						
FIISL	Widdle		Last § Petition for Occupational Driver's License			ALLAS COUNTY, TEXAS)	
Print your ans			•					
swear under o Ny name is: _		provide in this Petition is						
ask the Clerk ask the Court	First oner, and I am asking the of to mail a certified copy of to consider the informatic ersonal Information	this Petition to The Texa	al Driver's License (ODL) as Department of Public S	ddle Safety		Last		
lome address:				City		Texas, Zip		
Mailing addres Phone number	s (if different from above): :: ()							
Date of birth:	Month	Da	yYear					
Driver's Licens	e No.:		Lic	ense issued by:		(State)		
	se suspended because of			□ No				
	2 or more occupational dri Driver's License suspende		st 10 years? 🗀 Yes					
	ive a breath sample, as re		rested for					
This court	convicted me of a Traffic	Violation, e.g		on Month			Year 20	
	ourt said I am a "habitual v					Year 20		
	ourt ordered me to go to a	Driver Education Progr	am and my license norm	it and/or driving privilago	was automatically susp	ended for 365 days		
Other (If your second secon	ou did not ⊠ any of the at	bove, why was your lice	nse suspended? Be speci	ific).				
Other (If you here of the second sec	ed an Occupational Drive drive to work because the ress of your employer:	oove, why was your licen r's License? (⊠ all tha re is no public transport	nse suspended? Be speci at apply): ation to and from my work	fic)				
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- A certified copy of my official driver's license record obtained through Department of Public Service. AT TIME OF FILING
- Proof of current valid auto liability insurance or a copy of an SR22 from my insurance company. AT TIME OF FILING
- $\hfill \square$ Pay a filing Fee of \$61.00. AT TIME OF FILING
- Occupational Driver's License Order (Petitioner's Section Completed ONLY) AT HEARING DATE
- A copy of the Court Order that suspended my license. AT HEARING DATE
- A letter from employer, immediate supervisor or school administrator on employer or school letterhead (or an affidavit) that verifies my work or school schedule. AT HEARING DATE