

**IN THE CIRCUIT COURT OF FAIRFAX COUNTY, VIRGINIA
APPLICATION FOR RESTRICTED DRIVER'S LICENSE**

Case No.

DEFENDANT

DRIVER'S LICENSE NUMBER STATE

ADDRESS

DATE OF BIRTH HEIGHT WEIGHT

CITY STATE ZIP

SEX EYE COLOR HAIR COLOR

PHONE NUMBER

DATE OF OFFENSE (IF APPLICABLE)

ADULT OFFENDER: JUVENILE OFFENDER:

CONVICTED OF: DRIVING WHILE INTOXICATED

DETERMINED HABITUAL OFFENDER

DRUG OFFENSE

OTHER (PLEASE SPECIFY)

RECKLESS DRIVING

ILLEGALLY CONSUMING ALCOHOL

NAME OF ATTORNEY REPRESENTING DEFENDANT (IF APPLICABLE)

ATTORNEY SIGNATURE

ATTORNEY ADDRESS

ATTORNEY PHONE NUMBER

My driver's license has been suspended or denied but I am eligible for a restricted driver's license; therefore, I request that the court grant a restricted driver's license for travel to and from the following locations for the following purpose(s):

(Court use only)
APPROVED

(a) Travel to and from primary job
Name and Address of Employer:
Days of Week:
Leave Home: Arrive at Work:
Leave Work: Arrive at Home:
 VARIABLE SCHEDULE - **WRITTEN VERIFICATION MUST BE CARRIED**

YES NO

YES NO

Travel to and from secondary job
Name and Address of Employer:
Days of Week:
Leave Home: Arrive at Work:
Leave Work: Arrive at Home:
 VARIABLE SCHEDULE - **WRITTEN VERIFICATION MUST BE CARRIED**

YES NO

YES NO

(b) Travel to and from VASAP

(c) Travel during work hours **only as required by my employer:**
Hours of required travel:
 VARIABLE SCHEDULE - **WRITTEN VERIFICATION MUST BE CARRIED**

YES NO

YES NO

YES NO

(d) Travel to and from school
Name and Address of school:
Days of Week:
Leave Home: Arrive at School:
Leave School: Arrive at Home:
 SCHOOL SCHEDULE REQUIRED - **WRITTEN VERIFICATION MUST BE CARRIED**

YES NO

YES NO

(e) Medically necessary travel for: me my elderly parent person residing in my household
If for elderly parent or another person: Medical provider name:
Address:

YES NO

(f-1) Ignition Interlock – First conviction - offender may only operate a motor vehicle that is equipped with a functioning, certified, ignition interlock system.
(f-2) Ignition Interlock - Second/subsequent conviction - required on ALL vehicles owned or registered to offender.
(f-3) Travel to and from the facility that installed or monitors the ignition interlock on your vehicle

YES NO

YES NO

YES NO

(g-1) [] Necessary travel to transport a minor child(ren), who is/are under my care, to and from his/her/their school Name and Address of School: Days and Times:	[] YES [] NO
(g-2) [] Necessary travel to transport a minor child(ren), who is/are under my care, to and from day care Name and Address of Day Care Provider: Days and Times:	[] YES [] NO
(g-3) [] Necessary travel to transport a minor child(ren), who is/are under my care, to and from medical providers Name and Address of Medical Provider: Days and Times:	[] YES [] NO
(h) [] Necessary travel for Court Ordered visitation with child(ren) Name(s): Address of Child(ren): Days and Times of Visitation:	[] YES [] NO
(i-1) [] Travel to and from appointments with probation officer. Name and Address of Probation entity	[] YES [] NO
(i-2) [] Travel to and from programs required by court or as a condition of probation Program Name and Address: Program Name and Address:	[] YES [] NO
(j) [] Travel to and from a place of religious worship: Name and Address of place of religious worship: Day of Week: Leave Home: Arrive at place of religious worship: Leave place of religious worship: Arrive Home: <input type="checkbox"/> WRITTEN VERIFICATION MUST BE CARRIED	[] YES [] NO [] YES [] NO
(k) [] Travel to and from appointments approved by the Division of Child Support Enforcement of the Department of Social Services as a requirement of participation in an administrative or court-ordered intensive case monitoring program for child support for which I will have with me written proof of the appointment, including written proof of the date and time of the appointment.	[] YES [] NO
(m) [] Travel to and from jail to serve a jail sentence that is to be served on weekends or on nonconsecutive days	[] YES [] NO
(n) [] Travel to and from a job interview for which I will have with me written proof from my potential employer of the date, time and location of the job interview.	[] YES [] NO

In addition, you may travel to and from court appearances in which you are a subpoenaed witness or a party, and should have in your possession the court summons or subpoena when you travel to and from such court appearances.

You may not operate a “commercial motor vehicle” as defined in Virginia Code §46.2-341.4.

I certify that the above information is true and accurate, that my driving privileges are not revoked or suspended for any other reason, and that I have no other pending charges against me that have not been divulged to the court. I understand that a Restricted Driver’s License permits me to operate a motor vehicle only under the conditions approved by the Court. I further understand that should I be found driving outside the restrictions of the Restricted Driver’s License, I may be subject to the imposition of previously suspended sentences in this case and new criminal charges may be brought against me.

.....
DATE

DEFENDANT’S SIGNATURE

Reviewed and Approved as indicated. This restricted operator's license is good until further order of the Court or until _____
DATE

.....
DATE

JUDGE

IF THE COURT GRANTS A RESTRICTED OPERATOR’S LICENSE, PLEASE BE AWARE OF THE FOLLOWING:

- **The Restricted License will NOT be available to be picked up on the day of your hearing.**
- **Upon entry of the Restricted License Order by the Judge, the Clerk will contact you to schedule a date and time for you to pick up your Restricted License Order.**
- **IF YOUR DRIVING NEEDS AND/OR PERSONAL INFORMATION CHANGES, YOU MUST APPLY FOR AN AMENDED RESTRICTED LICENSE.**