

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

Case No. CL - .....

.....  
PETITIONER  
.....  
ADDRESS  
.....  
CITY STATE ZIP  
.....  
PHONE NUMBER

.....  
DRIVER'S LICENSE NUMBER STATE  
.....  
DATE OF BIRTH HEIGHT WEIGHT  
.....  
SEX EYE COLOR HAIR COLOR  
.....  
DATE OF OFFENSE (IF APPLICABLE)  
.....  
SOCIAL SECURITY NUMBER

ADJUDGED AS A HABITUAL OFFENDER ON: .....

ADJUDGED TO BE A HABITUAL OFFENDER BY: DIVISION OF MOTOR VEHICLES   
CIRCUIT COURT  ..... (Specify name of court)

THIRD OFFENSE RESTORATIONS:

DIVISION OF MOTOR VEHICLES REVOKED OPERATORS LICENSE ON ..... PURSUANT TO VIRGINIA CODE §46.2-391(B)

.....  
NAME OF PETITIONER OR ATTORNEY REPRESENTING PETITIONER

.....  
PETITIONER OR ATTORNEY SIGNATURE

.....  
ATTORNEY ADDRESS (IF APPLICABLE)

.....  
ATTORNEY PHONE NUMBER (IF APPLICABLE)

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) <input type="checkbox"/> Medically necessary travel for: <input type="checkbox"/> me <input type="checkbox"/> my elderly parent<br><input type="checkbox"/> a person residing in my household .....<br>If for elderly parent or another person: Medical provider name: .....<br>Address: .....  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| (f) <input type="checkbox"/> Ignition Interlock   | <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| (g-1) <input type="checkbox"/> Necessary travel to transport a minor child(ren), who is/are under my care, to & from his/her/their school<br>Name and Address of School: .....<br>Days and Times: .....   | <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| (g-2) <input type="checkbox"/> Necessary travel to transport a minor child(ren), who is/are under my care, to & from day care<br>Name and Address of Day Care Provider: .....<br>Days and Times: .....  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| (g-3) <input type="checkbox"/> Necessary travel to transport a minor child(ren), who is/are under my care, to & from medical providers<br>Name and Address of Medical Provider: .....<br>Days and Times: .....  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| (h) <input type="checkbox"/> Necessary travel for Court Ordered visitation with child(ren)<br>Name(s): .....<br>Address of Child(ren): .....<br>Days and Times of Visitation: .....   | <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| (i-1) <input type="checkbox"/> Travel to and from appointments with probation officer.<br>Name and Address of Probation entity .....  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| (i-2) <input type="checkbox"/> Travel to and from programs required by court or as a condition of probation<br>Program Name and Address: .....<br>Program Name and Address: .....   | <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| (j) <input type="checkbox"/> Travel to and from a place of religious worship:<br>Name and Address of place of religious worship: .....<br>Day of Week: .....<br>Leave Home: ..... Arrive at place of religious worship: .....<br>Leave place of religious worship: ..... Arrive Home: .....<br><input type="checkbox"/> WRITTEN VERIFICATION MUST BE CARRIED                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| (k) <input type="checkbox"/> 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 a 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. | <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| (l) <input type="checkbox"/> Travel to and from court appearances in which I am a subpoenaed witness: .....   | <input type="checkbox"/> YES   |
| (m) <input type="checkbox"/> Travel to and from jail to serve a jail sentence that is to be served on weekends or on nonconsecutive days.   | <input type="checkbox"/> YES <input type="checkbox"/> NO   |

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.