

**FAIRFAX COUNTY CIRCUIT COURT
RESTRICTED OPERATOR'S LICENSE
CIVIL
APPLICATION/WORKSHEET
(THIS IS NOT THE COURT'S ORDER)
THIS INFORMATION IS STRICTLY FOR PREPARATION
OF THE RESTRICTED LICENSE
TO BE SUBMITTED TO THE COURT
TEN DAYS PRIOR TO THE HEARING DATE**

Law No. _____

PETITIONER
VS
COMMONWEALTH OF VIRGINIA

PETITIONER NAME: _____

ADDRESS:

PETITIONER'S PHONE NUMBER: _____
PETITIONERS SOCIAL SECURITY NUMBER _____

ADJUDICATED 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 ATTORNEY _____ ATTORNEY PHONE NUMBER _____
REPRESENTING PETITIONER, if applicable:

IF THE COURTS GRANTS A RESTRICTED LICENSE PLEASE BE AWARE OF THE FOLLOWING:

- UPON ENTRY OF THE COURTS ORDER, THE CLERK MUST PREPARE A RESTRICTED LICENSE FORM TO BE ENTERED BY THE COURT.**
- 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, A CLERK WILL CONTACT YOU TO SCHEDULE A DATE AND TIME FOR YOU TO PICK UP YOUR RESTRICTED LICENSE ORDER.**

If you are requesting a restricted license, please complete this application. The application must be legible.

Complete the identification data below:

| RACE | SEX | DATE OF BIRTH | HEIGHT | WEIGHT | EYES | HAIR | DRIVERS LICENSE# | STATE |
|------|-----|---------------|--------|--------|------|------|------------------|-------|
| | | | | | | | | |

The Petitioner makes application for the following:

EMPLOYMENT:

Travel to or from place of employment by the most direct route:

YES NO

If answer is Yes, please complete section C Employer name, hours and work location.

If you wish to travel during the hours of employment, please complete section C.

PROGRAM

(b) Travel to or from the Alcohol Safety Action Program and or any other ASAP related activities or other Program designated by the Court:

To or from VASAP YES NO

To or from AA/NA and any VASAP activities YES NO

To or from _____ YES NO
Other Program

EMPLOYER NAME/HOURS:

(c) Travel during the hours of employment: YES NO

EMPLOYER #1:

Name and Address of Employer:

Phone Number of Employer: _____

Days of Week : _____

Hours: Leave home: _____ Arrive at Work: _____

Leave Work: _____ Arrive Home: _____

If more than one Employer, list the name, address, phone number of additional employer and hours requesting.

EMPLOYER #2:

Name and Address of Employer:

Phone Number of Employer: _____

Days of Week : _____

Hours: Leave home: _____ Arrive at work: _____

Leave work: _____ Arrive home: _____

SCHOOL:

(d) Travel to and from school: YES NO

NAME OF SCHOOL: _____

ADDRESS OF SCHOOL: _____

Days of Week classes are scheduled: _____

Hours: Leave home/work : _____ Arrive at school: _____

Leave school: _____ Arrive home/work: _____

HEALTH CARE SERVICES:

(e) Travel for health care services for: SELF ELDERLY PARENT
YES NO

Name and location of medical facilities:

IGNITION INTERLOCK, if applicable:

(f) To operate a motor vehicle that is equipped with a functioning, certified ignition interlock system: YES NO

Vehicle Information to be equipped with Ignition Interlock Device

| YEAR | MAKE | MODEL | VIRGINIA LICENSE PLATE | STATE | COLOR |
|------|------|-------|------------------------|-------|-------|
| | | | | | |

TRANSPORTING A MINOR CHILD

(g-1) Travel necessary to transport a **minor child** under my care to and from **School:**
Transport a minor child to and from School: YES NO

Name and location of school:

Dates and Times for travel to and from school:

(g-2) Travel necessary to transport a **minor child** under my care to and from **Day Care:**
Transport a minor child to and from Daycare: YES NO

Name and location of Day Care:

Dates and Times for travel to and from Day Care:

(g-3) Travel necessary to transport a **minor child** under my care to and from **facilities housing medical service provider:**

Transport a minor child to and from Medical Service Provider YES NO

Name and location of Medical Provider:

COURT ORDERED VISITATION:

(h) Travel to and from court ordered visitation with my child(ren):

Travel to and from place of location of child(ren) for court ordered visitation:

YES NO

Name and Location of Child(dren)

Petitioner Signature

COURT USE ONLY

THIS WORK SHEET IS NOT THE COURT'S ORDER

A COURT ORDER IS REQUIRED IN ADDITION TO THIS WORKSHEET

**THIS INFORMATION IS STRICTLY FOR PREPARATION OF THE
RESTRICTED LICENSE**

Petitioner is granted a restricted license to drive a motor vehicle in the Commonwealth until _____(specify specific date) or _____(until further order of the court) for the purposes enumerated in the restricted license during which time he shall be subject to the supervision of the Virginia Alcohol Safety Action Program.

(a) travel to/from your place of employment _____
must carry work schedule _____

(b) travel to/from VASAP _____
travel to/from AA/NA and any VASAP activities _____
travel to/from other program designated by court _____

(c) travel during the hours of employment _____
must carry work schedule _____

(d) travel to/from school _____
must carry school schedule _____

(e) travel for health care services for _____ petitioner _____ elderly parent
health care service appointment card required _____

(f) ignition interlock _____
until _____ the period of license suspension has ended or _____

(g1) travel to/from school for child _____

(g2) travel to/from daycare for child _____

(g3) travel to/from medical services facility for child _____

(h) travel to/from court ordered visitation _____

OTHER COMMENTS BY COURT: _____

