

CAUSE NO. \_\_\_\_\_

EX PARTE

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IN THE JUSTICE COURT

PRECINCT 2

MATAGORDA COUNTY, TEXAS

\_\_\_\_\_  
Print your full name

## PETITION FOR OCCUPATIONAL LICENSE

My name is: \_\_\_\_\_  
First Middle Last

I am the Petitioner, and I am asking the court for an Occupational Driver's License.

I understand that this license will **not** allow me to drive a **commercial vehicle** that requires a Commercial Driver's License under Chapter 522 of the Texas Transportation Code.

I am **not** represented by an attorney in this request for an Occupational Driver's License. I ask the Court to consider the information I have provided below.

Upon approval of this request, I ask the Court to order the Clerk to send a certified copy of the Petition and the court Order to the Texas Department of Public Safety.

### 1. PETITIONER'S PERSONAL INFORMATION

Home Address: \_\_\_\_\_  
Street Address City  
\_\_\_\_\_, Texas  
County Zip

Mailing Address (if different): \_\_\_\_\_  
Street Address City  
\_\_\_\_\_, Texas  
County Zip

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

The last four digits of my Social Security # are \_\_\_\_ \_ .

Jurisdiction: (Check all that apply.)

- ☐ I reside in this County.
- ☐ The incident for which my license was suspended, canceled, or revoked occurred in this county.
- ☐ This Court convicted me of an offense that, under Texas Law, resulted in an automatic suspension, cancellation, or revocation of my license.
- ☐ My license was suspended, canceled, or revoked due to another court, located in this county, submitting an order to DPS. The court that made the order is the ☐ District
- ☐ County ☐ Justice ☐ Other \_\_\_\_\_ Court of \_\_\_\_\_, Texas.  
Other type of court County

## 2. DRIVER'S LICENSE INFORMATION

A. Check all that apply and fill in the blanks:

- ☐ I have never had a Texas Driver's License.
- ☐ My Texas Driver's License # is: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Month Day Year

- ☐ My non-Texas Driver's License was issued by the state of \_\_\_\_\_

- ☐ My Driver's License number is \_\_\_\_\_

Expiration date: \_\_\_\_\_

Month Day Year

B. Check Yes or No for each:

- My license is canceled, suspended, or revoked because of a physical or mental disability.  
☐ Yes      ☐ No
- My license is canceled, suspended, or revoked for non-payment of child support.  
☐ Yes      ☐ No
- DPS has determined that I am incapable of safely operating a motor vehicle.  
☐ Yes      ☐ No

## 3. PRIOR HISTORY

C. My license is suspended, canceled, or revoked because: (Check all that apply and fill in the blanks.)

- ☐ I was arrested on \_\_\_\_\_ (arrest date) and an analysis of my breath sample or blood sample registered above 0.08.
- ☐ I was arrested on \_\_\_\_\_ (arrest date) and I refused to give a breath sample or blood sample, as requested.
- ☐ Substance-related loss of license in the past ten years: My license was suspended, canceled, or revoked within ten years prior to the date of the arrest that led to my current suspension, cancellation, or revocation. The previous suspension(s), cancellation(s), or revocation(s) were due to: (Check all that apply.)
  - ☐ refusal to give a breath or blood sample following an arrest for DWI.
  - ☐ giving a sample with a blood alcohol content greater than .08 following an arrest for DWI.
  - ☐ conviction of an alcohol or drug-related offense.
- ☐ This court convicted me of \_\_\_\_\_ on \_\_\_\_\_ under cause number \_\_\_\_\_.  
Cause Number Month Day Year
- ☐ A court in \_\_\_\_\_ (County) ordered the suspension, cancellation, or revocation without convicting me.
- ☐ A Texas court determined that I am a "habitual violator of traffic laws."
- ☐ A Texas court ordered me to go to a Driver Education Program, **and** my license, permit, and/or driving privilege is automatically suspended, canceled, or revoked for 365 days.
- ☐ Other: (If you did not check any of the above, why is your license suspended, canceled, or revoked? Be specific.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. I have the following criminal charges pending: (You do not need to list traffic or Class C charges.)

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#### 4. ESSENTIAL NEED TO DRIVE

The law requires me to demonstrate to the judge that I have an essential need for an Occupational Driver's License. I ask the Court to consider all of the following information as a demonstration of my essential need:

E. Work or Essential Need

- ☐ I need an Occupational Driver's License to drive to and from my place of work.

Name of Employer #1: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Telephone: \_\_\_\_\_

Job title: \_\_\_\_\_

Days and hours you work: \_\_\_\_\_

Name of Employer #1: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Telephone: \_\_\_\_\_

Job title: \_\_\_\_\_

Days and hours you work: \_\_\_\_\_

- ☐ I am self-employed as \_\_\_\_\_

My work address is: \_\_\_\_\_

Need for an Occupational Driver's License: (Explain) \_\_\_\_\_

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- ☐ I am in pursuit of employment. (Explain) \_\_\_\_\_

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- ☐ I need to go to and/or transport family members to school. (Fill out below.)

School #1 Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

- ☐ Other reasons for which I need to drive: (Explain) \_\_\_\_\_

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F. My work or essential needs require me to drive throughout the following county or counties: (List counties where you drive.) \_\_\_\_\_

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G. I request the following driving schedule: (Enter the times you need to drive.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:	____:____ AM/PM	____:____ AM/PM	____:____ AM/PM	____:____ AM/PM	____:____ AM/PM	____:____ AM/PM	____:____ AM/PM
To:	____:____ AM/PM	____:____ AM/PM	____:____ AM/PM	____:____ AM/PM	____:____ AM/PM	____:____ AM/PM	____:____ AM/PM

H. I ask the Court to allow me to drive more than four hours of **actual drive time** per day. (This cannot be more than 12 hours in a 24 hour period.) This is necessary because: (Explain)

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## 5. ATTACHED DOCUMENTS

- ☐ (REQUIRED) Certified Abstract Driving Record (Type AR) – obtain with TXDPS.
- ☐ (REQUIRED) Auto Insurance card and/or SR-22
- ☐ (REQUIRED) Court Order of Suspension – obtain with TXDPS or suspension issued by higher courts.
- ☐ (REQUIRED) Proof of need to drive – letter from employer(s) and/or, if attending school, school schedules.

## 6. PETITIONER'S REQUEST TO THE COURT

- I. I ask the Court to order the Texas Department of Public Safety to issue me an Occupational Driver's License to drive for the purposes described above.
- J. I ask this Court to order the Texas Department of Public Safety to conduct any and all tests required for the issuance of said Occupational License.
- K. I ask the court to schedule a hearing, if one is required.

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Petitioner's Name (Print)

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Petitioner's Signature

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Date

**SWORN TO AND SUBSCRIBED** before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

COURT FILE STAMP

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NOTARY

(SEAL)