

City of Fredericksburg

Founded 1671

Fredericksburg Circuit Court
Office of the Clerk
701 Princess Anne Street, Suite 100
Fredericksburg, VA 22401
Phone: (540) 372-1066



Jeff Small
Clerk of Court
jsmall@courts.state.va.us

CIVIL/RESTORATION LICENSE APPLICATION

*THE CLERK'S OFFICE IS UNABLE, BY LAW, TO ASSIST OR OFFER ADVICE
IN COMPLETING THIS APPLICATION.*

READ AND COMPLETE THE FOLLOWING:

- __ 1) Complete the attached completely, accurately, and clearly written.
- __ 2) Present a current: (No older than 2 weeks.) Customer Compliance Summary from DMV.
- __ 3) Present a letter from your employer, on company letterhead, which states the following:
 - a) Days of week you work.
 - b) Hours that you work.
 - c) If you must drive during work.
 - d) Travel time from work to home.
 - e) Address of employer.
- __ 4) Upon Successful completion of steps 1-3 contact VASAP for Evaluation.

****AFTER SUCCESSFULLY FILING YOUR PACKET, PLEASE ALLOW 2
BUSINESS DAYS FOR PROCESSING. IF YOUR FILE IS INCOMPLETE, IT
CANNOT BE PROCESSED UNTIL IT IS CORRECTED BY YOU.***

I UNDERSTAND WHAT IS REQUIRED TO PROCESS THE RESTRICTED LICENSE.

SIGNATURE

DATE

**PETITION FOR RESTORATION OF DRIVING
PRIVILEGE – HABITUAL OFFENDER
COMMONWEALTH OF VIRGINIA**

Case No.....

HEARING DATE AND TIME

.....
CITY OR COUNTY

Circuit Court

.....
PETITIONER'S NAME

.....
ADDRESS

COMPLETE									
RACE	SEX	BORN MO.	BORN DAY	YR.	HT. FT.	IN.	WGT.	EYES	HAIR
SSN									
VA. D.L. # (IF DIFFERENT FROM SSN)									

TO THE JUDGE OF THE ABOVE-NAMED COURT:

I respectfully represent that on, I was adjudged/determined to be an habitual offender by
DATE

the Court, the Department of Motor Vehicles,
based on the following convictions which brought me within the definition of "habitual offender":

OFFENSE	OFFENSE DATE	CONVICTION DATE	CONVICTING COURT
.....
.....
.....

I have attached a certified "Habitual Offender Restoration Transcript" of my driving record from the Department of Motor Vehicles.

CHECK ONE BOX AS THE BASIS OF YOUR PETITION:

A. Restoration under Va. Code § 46.2-360(1). (Eligibility only after five (5) years from the date of your adjudication or determination — unless you are entitled to credit under subsection (iii) below.) I have been adjudged/determined to be an habitual offender based in part on and dependent upon convictions of Va. Code § 18.2-266, § 18.2-51.4 or Subsection A of § 46.2-341.24 or valid local ordinance or law of another state or jurisdiction relating to operating a motor vehicle under the influence of intoxicants or drugs.

I represent that:

- (i) At the time of my convictions, I was addicted to or psychologically dependent on the use of alcohol or other drugs; and
- (ii) At this time I am no longer addicted to or psychologically dependent on the use of alcohol or other drugs; and
- (iii) At least five years have passed from the date on which I was adjudged/determined to be an habitual offender.

[For the purposes of determining eligibility under this section, I rely on a period of credit for an administrative suspension by the Department of Motor Vehicles pursuant to Va. Code § 46.2-391(B) (for third offense drunk driving) prior to my adjudication/determination.

Yes No if yes, period of suspension under § 46.2-391(B):
..... to]; and

- (iv) I do not constitute a threat to the safety and welfare of myself or others with respect to the operation of a motor vehicle.

I request that the Court restore my privilege to operate a motor vehicle in the Commonwealth upon my evaluation by the Virginia Alcohol Safety Action Program.

B. Restricted License under Va. Code § 46.2-360(2). (Eligibility only after three (3) years from the date of your adjudication or determination — unless you are entitled to credit under (iii) below.) I have been adjudged/determined to be an habitual offender based in part on and dependent upon convictions of Va. Code § 18.2-266, § 18.2-51.4 or Subsection A of § 46.2-341.24 or valid local ordinance or law of another state or jurisdiction relating to operating a motor vehicle under the influence of intoxicants or drugs.

I represent that:

- (i) At the time of my convictions, I was addicted to or psychologically dependent on the use of alcohol or other drugs; and
- (ii) At this time I am no longer addicted to or psychologically dependent on the use of alcohol or other drugs; and
- (iii) At least *three* years have passed from the date on which I was adjudged/determined to be an habitual offender [For the purposes of determining eligibility under this section, I rely on a period of credit for administrative suspension by the Department of Motor Vehicles pursuant to Va. Code § 46.2-391(B) (for third offense drunk driving) prior to my adjudication/determination:

Yes No if yes, period of suspension:

..... to]; and

- (iv) I do not constitute a threat to the safety and welfare of myself or others with respect to the operation of a motor vehicle.

I request that the Court order the issuance of a restricted license to allow me to drive to and from work and during the course of my employment, upon evaluation by the Virginia Alcohol Safety Action Program.

.....
NAME AND ADDRESS OF EMPLOYER

.....
DAYS AND HOURS WORKED

C. Restoration under Va. Code § 46.2-361(A). (Eligibility only after three (3) years from the adjudication/determination and after all fines, court costs, forfeitures, restitution, penalties and/or judgments have been paid in full.) I have been adjudged/determined to be an habitual offender and such adjudication/determination was not based on any drunk driving conviction(s), but was based *in part* and dependent upon a conviction(s) of driving while my license or privilege to drive was suspended or revoked where the suspension or revocation was only for:

- failure to pay fines, costs, forfeitures, restitution and/or penalties; or
- failure to furnish proof of financial responsibility; or
- failure to satisfy a judgment.

I attach proof that all fines, costs, forfeitures, restitution, penalties and/or judgments have been paid in full, and I attach proof of financial responsibility.

I represent that:

- (i) At least *three* years have passed since the date of my adjudication/determination as an habitual offender.
- (ii) I do not constitute a threat to the safety and welfare of myself or others with respect to the operation of a motor vehicle.

I request that the Court restore my privilege to operate a motor vehicle in the Commonwealth.

D. Restoration under Va. Code § 46.2-361(B). (Immediate eligibility after all fines, court costs, forfeitures, restitutions, penalties and/or judgments have been paid.) I have been adjudged/determined to be an habitual offender based *entirely* upon convictions of driving while my license or privilege to drive was suspended or revoked where the suspension or revocation was only for:

- failure to pay fines, costs, forfeitures, restitution and/or penalties; or
- failure to furnish proof of financial responsibility; or
- failure to satisfy a judgment.

I attach proof that all fines, costs, forfeitures, restitution, penalties and/or judgments have been paid in full, and I attach proof of financial responsibility.

I represent that I do not constitute a threat to the safety and welfare of myself or others with respect to the operation of a motor vehicle. I request that the Court restore my privilege to operate a motor vehicle in the Commonwealth.

E. Restoration under Va. Code § 46.2-359. (Eligibility upon reaching eighteen years of age.) I have been adjudged/determined to be an habitual offender based in whole or in part on findings of not innocent while I was a juvenile. I am now eighteen years of age or older. I request that the Court restore my privilege to operate a motor vehicle in the Commonwealth.

F. Restoration under Va. Code § 46.2-358. (Eligibility after five (5) years from the adjudication/determination where adjudication/determination was based on no drunk driving conditions.) I have been adjudged/determined to be an habitual offender and none of the convictions which brought me within the definition of "habitual offender" were for drunk driving and at least *five* years have now passed since the date of such adjudication/determination. I represent that I do not constitute a threat to the safety and welfare of myself or others with regard to the driving of a motor vehicle. I request that the Court restore my privilege to operate a motor vehicle in the Commonwealth.

I request that the Court hold a hearing on my petition not less than thirty (30) days from the date that the petition is served on the Commonwealth's Attorney and the Commissioner of the Department of Motor Vehicles.

I understand that the Commonwealth's Attorney or the Commissioner of the Department of Motor Vehicles may object to my petition and the Court may deny my request to restore my privilege to operate a motor vehicle in the Commonwealth, may deny the issuance of a restricted driver's license or may place conditions on my privilege to operate a motor vehicle.

.....
DATE

PETITIONER'S SIGNATURE

RETURN — COMMONWEALTH'S ATTORNEY:	
SERVED ON.....	NAME
.....	DATE
.....	SERVING OFFICER
FOR _____	

RETURN — COMMISSIONER OF DMV:	
SERVED ON	NAME
.....	DATE
.....	SERVING OFFICER
FOR _____	

APPLICATION FOR RESTRICTED DRIVER'S LICENSE
Commonwealth of Virginia

Case No.

General District Court
 Juvenile & Domestic Relations District Court

.....
CITY/COUNTY

.....
DEFENDANT
.....
ADDRESS
.....
CITY STATE ZIP
.....
TELEPHONE NUMBER

.....
DRIVER'S LICENSE NUMBER STATE
.....
DATE OF BIRTH
.....
DATE OF OFFENSE

My driver's license has been suspended or denied for an offense which makes me 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) <input type="checkbox"/> Travel to and from primary job Name and Location of Employer: Days of Week: Leave Home: Arrive at Work: Leave Work: Arrive at Home:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Travel to and from secondary job Name and Location of Employer: Days of Week: Leave Home: Arrive at Work: Leave Work: Arrive at Home:	<input type="checkbox"/> YES <input type="checkbox"/> NO
(b) <input type="checkbox"/> Travel to and from VASAP	<input type="checkbox"/> YES <input type="checkbox"/> NO
(c) <input type="checkbox"/> Travel during work hours only as required by my employer: Hours of required travel: Written verification must be carried	<input type="checkbox"/> YES <input type="checkbox"/> NO
(d) <input type="checkbox"/> Travel to and from school Name and Location of school: Days of Week: Leave Home: Arrive at School: Leave School: Arrive at Home:	<input type="checkbox"/> YES <input type="checkbox"/> NO
(e) <input type="checkbox"/> Medically necessary travel for: <input type="checkbox"/> me <input type="checkbox"/> my elderly parent <input type="checkbox"/> a person residing in my household If for elderly parent or another person: Medical provider name: Location:	<input type="checkbox"/> YES <input type="checkbox"/> NO
(f-1) Ignition Interlock on any motor vehicle that you operate, if required.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> and on each motor vehicle owned by or registered to person
(f-2) <input type="checkbox"/> Travel to and from the facility that installed or monitors the ignition interlock in the vehicle(s), if ignition interlock is ordered.	<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 and from his/her/their school. Name and Location of School: Dates 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 and from day care Name and Location of Day Care Provider: Dates 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 and from medical providers Name and Location of Medical Provider: Dates and Times:	<input type="checkbox"/> YES <input type="checkbox"/> NO

NOTE: This is page one of a two-page form.

Name

Case No.

CONTINUED FROM PAGE 1

(h) <input type="checkbox"/> Necessary travel for Court Ordered visitation with child(ren) Name(s): Location of Child(ren): 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 Name and Location 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 Program Name and Location: Program Name and Location:	<input type="checkbox"/> YES <input type="checkbox"/> NO
(j) <input type="checkbox"/> Travel to and from a place of religious worship Name and Location of place of religious worship: Day of Week (one day per week): Leave Home: Arrive at place of religious worship: Leave place of religious worship: Arrive Home:	<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 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO
(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
(n) <input type="checkbox"/> 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.	<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 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:

.....
DATE

.....
JUDGE

NOTE: This is page two of a two-page form