

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

RESTRICTED 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) If Ordered to do so by the Court, turn in your current license.

****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

APPLICATION FOR RESTRICTED DRIVER'S LICENSE
Commonwealth of Virginia

Case No.

General District Court
 Juvenile & Domestic Relations District Court

.....
CITY/COUNTY

.....
DEFENDANT

.....
DRIVER'S LICENSE NUMBER

.....
STATE

.....
ADDRESS

.....
DATE OF BIRTH

.....
CITY

.....
STATE

.....
ZIP

.....
DATE OF OFFENSE

.....
TELEPHONE NUMBER

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 <u>each</u> 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