

Using This Revisable PDF Form

Any person who has had their driver's license revoked by the Department of Motor Vehicles (DMV) following the conviction of a third offense of driving under the influence within ten (10) years or conviction of involuntary manslaughter while driving under the influence or maiming while driving under the influence may petition the circuit court where he or she lives to restore his or her privilege to drive. Va. Code § 46.2-391.

The period of time which must elapse before such person may petition to have his driving privileges restored or a restricted license issued varies based on whether the person is requesting restoration of his or her privilege to drive or a restricted license to drive to certain locations. For restoration, five (5) years must have elapsed since the date of the last conviction and the person must be required to install an ignition interlock system for at least six (6) months. In lieu of restoration, the court may also order a restricted drivers' license be issued. To request a restricted drivers' license, at least three (3) years must have passed since the last conviction and the person must also be required to install an ignition interlock system for the duration of the restricted license. Va. Code § 46.2-391(C). The petitioner must indicate what he or she is seeking by choosing either option A or option B.

A certified copy of the petitioner's DMV record should be attached to the completed petition.

The court, prior to acting on the petition, must order an evaluation of the person by VASAP.

PETITION FOR RESTORATION OF DRIVING PRIVILEGE – Case No. 1
THIRD OFFENSE COMMONWEALTH OF VIRGINIA

HEARING DATE AND TIME

7

2 Circuit Court
 CITY OR COUNTY

3
 PETITIONER'S NAME

4
 ADDRESS

COMPLETE DATA BELOW IF KNOWN

| RACE | SEX | MO. | BORN DAY | YR. | FT. | HT. IN. | WGT. | EYES | HAIR |
|----------|-----|-----|-------------|----------|-----|------------|------|------|------|
| | | | | <u>5</u> | | | | | |
| SSN | | | | | | | | | |
| <u>6</u> | | | | | | | | | |

TO THE JUDGE OF THE ABOVE-NAMED COURT:

I respectfully represent that on 8 , my driver's license was revoked by the Department of Motor Vehicles, pursuant to Virginia Code § 46.2-391 (B), based on the following convictions:

9

| OFFENSE | OFFENSE DATE | CONVICTION DATE | CONVICING COURT |
|---------|--------------|-----------------|-----------------|
| | | | |
| | | | |
| | | | |

I have attached a certified transcript of my driving record from the Department of Motor Vehicles.

CHECK ONE BOX AS THE BASIS OF YOUR PETITION:

10 [] A. Restoration under Va. Code § 46.2-391(C)(1). (Eligible only after five (5) years from the date of the last conviction.) My license was revoked based on and dependent upon three convictions pursuant to 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 of the last conviction upon which the revocation of my license was based; 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.

Data Elements, *page one*

1. Court case number.
2. Court name.
3. Name of the petitioner.
4. Address of the petitioner.
5. Information about the petitioner.
6. Petitioner's social security number.
7. Hearing date and time.
8. Date on which petitioner's driver's license was revoked.
9. Insert the offenses upon which the declaration or adjudication was based.
10. Check the box for Option A if it reflects the basis of the petition.

2 [] B. Restricted License under Va. Code § 46.2-391(C)(2). (Eligible only after three (3) years from the date of your last conviction.)

My license was revoked based on and dependent upon three convictions pursuant to 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 of the last conviction upon which the revocation of my license is based; 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 drive allow me to for the following purposes, upon evaluation by the Virginia Alcohol Safety Action Program.

- 3** {
- [] Travel to/from the facility that installed or monitors the ignition interlock on your vehicle(s), if ignition interlock is ordered.
 - [] Travel to/from work [] Travel to/from VASAP [] Travel during work
 - [] Travel to/from school [] Travel to/from school for child
 - [] Travel to/from day care for child
 - [] Travel to/from medical service facility for [] you [] minor child [] elderly parent
[] person residing in household:
 - [] Travel to/from court ordered visitation with child or children
 - [] Travel to/from appointments with probation officer
 - [] Travel to/from programs required by court or as a condition of probation
 - [] Travel to/from a place of religious worship
-
NAME AND LOCATION OF PLACE OF WORSHIP
-
REQUESTED DAY OF WEEK AND TIME FOR TRAVEL
- [] Travel to/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
 - [] Travel to/from jail to serve a sentence on weekends or nonconsecutive days

..... **4**

NAME AND ADDRESS OF EMPLOYER DAYS AND HOURS WORKED

I request that the court hold a hearing on my petition.

..... **5**

DATE

..... **6**

PETITIONER'S SIGNATURE

Data Elements, *page two*

1. Court case number.
2. Check box for Option B if it reflects the basis of the petition.
3. Indicate the type(s) of travel requested in the restricted driver's license. Multiple boxes may be checked.
4. Enter name and address of employer and days and hours worked, if applicable.
5. Date signed by petitioner.
6. Petitioner's signature.