

Ex Parte

Cause No: The clerk fills out below.

Print your name

District County Justice Court of:

_____ County, Texas
First Middle Last

Order for Occupational Driver's License

On this date, the Court heard the petitioner's Application for Occupational Driver's License.

The Petitioner named below appeared in person without an attorney.

The Court finds that notice to the State : <i>(Check one.)</i> <input type="checkbox"/> was not required. <input type="checkbox"/> was given as required by Texas Transportation Code Section 521.243 and: <i>(Check one.)</i> <input type="checkbox"/> the attorney representing the State did not appear. <input type="checkbox"/> the attorney representing the State, _____, also appeared.	The Court fills out this box.
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I. Findings

1. The Court FINDS that Petitioner's **personal information** is as follows:
 - a. Name: _____
first middle last
 - b. *(Check all that apply and fill in the blanks.)*
 - Petitioner's Texas Driver's License Number is _____.
 - Petitioner's Texas Driver's License expiration date is _____.
 - Petitioner has never had a Texas Driver's License.
 - Petitioner has a Driver's License from _____ with License Number _____.
 - c. Home address: _____
Street address
 - d. Phone number: (____) _____
City County State Zip Code
 - e. Date of birth: ____/____/____
Month Day Year
2. The Court FINDS that it has **jurisdiction and venue** over this case and the Petitioner because: *(Check all that apply and fill in the blanks.)*
 - Petitioner resides in this County.
 - The offense for which Petitioner's license was suspended happened in this county.
 - This Court convicted Petitioner of an offense under the laws of this state that resulted in the automatic suspension or cancellation of Petitioner's license.
3. The Court FINDS that Petitioner has provided the Court with the following:
 - a certified abstract (type AR) of Petitioner's driver's license record **and**
 - an SR-22 financial responsibility insurance certificate.

4. The Court FINDS that Petitioner's driver's license is **suspended** because: *(Check all that apply and fill in the blanks.)*

This Court convicted Petitioner of _____ on (date) / / under cause number: _____.

Petitioner refused to submit to a breath or blood test or submitted a breath or blood test that registered more than 0.08 following an arrest on / / for:
Date

(Check one.)

Driving While Intoxicated

Other: _____

The Texas Department of Public Safety said Petitioner was a habitual violator of traffic laws.

Other: _____

5. The Court FINDS that Petitioner's driver's license is **not denied, suspended or revoked** because of a physical or mental disability or nonpayment of child support.

The Court further FINDS that Petitioner has not been issued more than one Occupational Driver's License following a conviction during the past 10 years.

6. *(Check all that apply and fill in the blanks.)*

The Court FINDS that the suspension of Petitioner's license **began/begins** on or about / / and **ends** on or about (date): / / .

The Court FINDS that the Petitioner's license is invalid for an indefinite period of time.

7. The Court FINDS that Petitioner: *(Check all that apply and fill in the blanks. NOTE: If your license is suspended based on an offense under Penal Code 49.04 - 49.08, you are required to have an interlock device installed on each motor vehicle you own or operate, and you do not need to complete Number 7.)*

works for the following employer(s):

Employer #1: _____ Work Phone: _____

Work Address _____

Employer #2: _____ Work Phone: _____

Work Address _____

works for him/herself. Petitioner's occupation is: _____

Petitioner's work address is: _____

drives as part of his/her work and/or essential needs throughout the following county or counties:

attends school at or transports family members to the following school(s):

School #1: _____ School Phone: _____

School Address: _____

School #2: _____ School Phone: _____

School Address: _____

has other essential needs to drive _____

The Court fills out the rest of this form.

(Check applicable.)

- The Court FINDS that Petitioner's driver's license is suspended because of an intoxication offense and the Occupational License here Ordered is subject to the restrictions set out below.
- The Court FINDS that Petitioner has an **essential need** to drive and the Occupational Driver's License here Ordered is subject to the restrictions set out below.

II. Orders

The Court **ORDERS** that this Petition for Occupational Driver's License is **GRANTED** subject to the following restrictions and **ORDERS** Petitioner to follow all restrictions listed below.

The Court **ORDERS** the Texas Department of Public Safety to issue an Occupational Driver's License to Petitioner subject to the following restrictions. The Court further orders the Texas Department of Public Safety to administer any and all tests required for the issuance said Occupational License, and, if Petitioner passes all required tests, issue an Occupational Driver's License to Petitioner subject to the following restrictions.

Restrictions

- ✓ Petitioner **must not** drive a commercial vehicle with this license.
- ✓ Petitioner **must** maintain in full force and effect an SR-22 automobile liability insurance policy for the entire period the Occupational Driver's License is in effect.
- ✓ Petitioner **must** have in his/her possession a certified copy of this court order while driving and **must** allow a peace officer to examine the order when requested.

The Court also **ORDERS** the restrictions checked below: *(Check all that apply.)*

- Any vehicle owned or operated by the Petitioner **MUST** be equipped with a working ignition interlock device in accordance with Texas Transportation Code Section 521.2465.
- Petitioner **must not** refuse any lawful request by law enforcement for a sample of Petitioner's breath or blood if stopped for Driving While Intoxicated.
- Petitioner **must** submit to periodic testing for alcohol or controlled substances as follows:

- Petitioner **must** attend the alcohol/drug counseling program listed below and give the court clerk proof of attendance within _____ days of this order.
Program: _____
- Petitioner **must** submit to community supervision as follows: .

- Petitioner **may** only drive in the counties listed here:

- Petitioner **must** only drive to and from work or school and for essential duties, including medical appointments, court appointments, attorney appointments probation office meetings, and any supervision, education, counseling, or other essential needs authorized by this court.

Petitioner **must not** drive more than: *(Check one.)*

- 4 hours in any 24 hour period.
- 12 hours in any 24 hour period. The Court specifically finds that Petitioner needs to drive more than 4 hours and ORDERS that the 4 hour limitation is waived.

Petitioner **must only** drive on the days and at the times listed below:

	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

Petitioner **must always** keep a log book in any car Petitioner drives. Petitioner must correctly record in the log book all dates and times Petitioner drives and the destination and reason for each trip. Petitioner must show this log book to any law enforcement officer upon demand.

Additional Restrictions:

III. Date this Order takes Effect

The Court Clerk shall send a certified copy of the Petition and the court Order setting out this Court's findings and restrictions to the Texas Department of Public Safety.

This Order takes effect on: *(Check one and write in the date, if applicable.)*

- the date this Order is signed by the Court.
- ___ / ___ / ___ which is 91 days after the date Petitioner's license was suspended.
- ___ / ___ / ___ which is 181 days after the date Petitioner's license was suspended.
- ___ / ___ / ___ which is 366 days after the date Petitioner's license was suspended.

Petitioner may use a certified copy of this Order for Occupational Driver's License as a restricted license ONLY for 45 days, beginning on the date this Order takes effect.

IV. Date this Order Ends

Unless revoked by the Court, this Order for Occupational Driver's License remains valid until:

(Check one and write in the date, if applicable.)

____ / ____ / ____.

____ / ____ / ____ which is the date Petitioner's current driver's license suspension ends.

The reason for Petitioner's current driver's license suspension is listed in 4 above.

V. Warnings to Petitioner

It is a **Class B Misdemeanor** for you to drive in violation of any of the restrictions listed above.

It is a **Class B Misdemeanor** for you to drive without a certified copy of this order in your possession.

The Court may revoke this Order, at any time, for good cause.

This Order and your Occupational Driver's License are automatically revoked if you are convicted of driving in violation of any of the restrictions listed above or convicted of driving without a certified copy of this Order in your possession.

You may use a certified copy of the Order for Occupational Driver's License to drive for 45 days only, beginning on the date this Order takes effect. **If you do not receive your Occupational Driver's License from the Texas Department of Public Safety (DPS) before the 45th day after the date this Order takes effect, you MUST not drive until you receive your Occupational Driver's License from Texas Department of Public Safety or come back to court to get an Amended Order for Occupational Driver's License that extends the 45-day time period.**

If this ORDER includes a finding of an essential need to drive, and the places, reasons, days or times that you need to drive change, you must come back to Court to get an Amended Order for Occupational Driver's License that reflects those changes.

Signed On: _____

By: _____
Judge's Signature

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA



Cause Number: _____
(The Clerk's office will fill in the Cause Number when you file this form)

Plaintiff: _____
(Print first and last name of the person filing the lawsuit.)

In the _____ (check one):
Court _____
Number _____
 District Court
 County Court / County Court at Law
 Justice Court

And

Defendant: _____
(Print first and last name of the person being sued.)

_____ Texas
County _____

**Statement of Inability to Afford Payment of Court Costs
or an Appeal Bond in Justice Court**

1. Your Information

My full legal name is: _____ My date of birth is: ____/____/____
First Middle Last Month/Day/Year

My address is: (Home) _____
(Mailing) _____

My phone number: _____ My email: _____

About my dependents: "The people who depend on me financially are listed below.

Name	Age	Relationship to Me
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____

2. Are you represented by Legal Aid?

- I am being represented in this case for free by an attorney who works for a legal aid provider or who received my case through a legal aid provider. I have attached the certificate the legal aid provider gave me as 'Exhibit: Legal Aid Certificate.
- or-
- I asked a legal-aid provider to represent me, and the provider determined that I am financially eligible for representation, but the provider could not take my case. I have attached documentation from legal aid stating this.
- or-
- I am not represented by legal aid. I did not apply for representation by legal aid.

3. Do you receive public benefits?

- I do not receive needs-based public benefits. - or -
- I receive these public benefits/government entitlements that are based on indigency:
(Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check)
- Food stamps/SNAP TANF Medicaid CHIP SSI WIC AABD
- Public Housing or Section 8 Housing Low-Income Energy Assistance Emergency Assistance
- Telephone Lifeline Community Care via DADS LIS in Medicare ("Extra Help")
- Needs-based VA Pension Child Care Assistance under Child Care and Development Block Grant
- County Assistance, County Health Care, or General Assistance (GA)
- Other: _____

4. What is your monthly income and income sources?

"I get this monthly income:

\$ _____ in monthly wages. I work as a _____ for _____.
Your job title Your employer

\$ _____ in monthly unemployment. I have been unemployed since (date) _____.

\$ _____ in public benefits per month.

\$ _____ from other people in my household each month: *(List only if other members contribute to your household income.)*

- \$ _____ from Retirement/Pension Tips, bonuses Disability Worker's Comp
 Social Security Military Housing Dividends, interest, royalties
 Child/spousal support
 My spouse's income or income from another member of my household *(If available)*

\$ _____ from other jobs/sources of income. *(Describe)* _____

\$ _____ is my **total monthly income**.

5. What is the value of your property?

"My property includes:	Value*
Cash	\$ _____
Bank accounts, other financial assets	\$ _____
_____	\$ _____
_____	\$ _____
Vehicles (cars, boats) <i>(make and year)</i>	\$ _____
_____	\$ _____
_____	\$ _____
Other property (like jewelry, stocks, land, another house, etc.)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total value of property	→ \$ _____

6. What are your monthly expenses?

"My monthly expenses are:	Amount
Rent/house payments/maintenance	\$ _____
Food and household supplies	\$ _____
Utilities and telephone	\$ _____
Clothing and laundry	\$ _____
Medical and dental expenses	\$ _____
Insurance (life, health, auto, etc.)	\$ _____
School and child care	\$ _____
Transportation, auto repair, gas	\$ _____
Child / spousal support	\$ _____
Wages withheld by court order	\$ _____
Debt payments paid to: <i>(List)</i>	\$ _____
_____	\$ _____
_____	\$ _____
Total Monthly Expenses	→ \$ _____

*The value is the amount the item would sell for less the amount you still owe on it, if anything.

7. Are there debts or other facts explaining your financial situation?

"My debts include: *(List debt and amount owed)* _____

(If you want the court to consider other facts, such as unusual medical expenses, family emergencies, etc., attach another page to this form labeled "Exhibit: Additional Supporting Facts.") Check here if you attach another page.


8. Declaration

I declare under penalty of perjury that the foregoing is true and correct. I further swear:

- I cannot afford to pay court costs.
 I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision.

My name is _____ . My date of birth is : ____ / ____ / ____ .

My address is _____
Street City State Zip Code Country

 signed on ____ / ____ / ____ in _____ County, _____
Signature Month/Day/Year county name State