

_____ This Court finds that Petitioner has a prior license suspension or prior DWI conviction during the five years preceding the date of the arrest of petition; therefore, this Order shall not take effect before the _____ day after the effective date of the license suspension in effect on the date this Order is signed.

The defendant has an essential need for a Restricted Occupational License allowing the use of a motor vehicle for the following reasons checked:

_____ In the performance of an occupation, trade or transportation to and from the place where said Defendant practices his occupation or trade indicated as follows (explain fully):

_____ For transportation to and from an education facility in which said Defendant is currently enrolled indicated as follows:

_____ In the performance of household duties indicated as follows:

- The Defendant represents to the Court that he should be allowed to operate a motor vehicle for the specific reasons set out above, and herein in the following areas, or routes of travel:

- The Defendant represents to the Court that he should be allowed to operate a motor vehicle for the following days and following hours as noted below:

___ To and from the location specified above for not more than four (4) hours per day for _____ days per week on the following days:

___ Defendant requests that the Court waive the restriction that Applicant operates a vehicle only four hours per day since his work schedule requires more than four hours per day. Applicant is allowed to drive the locations specified below for a period not to exceed twelve (12) hours per day for _____ days per week on the following days:

_____ Deep Lung Breath Analysis Mechanism Device and Camera - Applicant is not to operate a vehicle unless equipped with a deep lung breath analysis mechanism device and camera approved by the Texas Department of Public Safety. The Applicant shall obtain the device at her own expense and said device shall remain in the vehicle operated by the Applicant until _____.

APPLICANT INFORMATION

| |
|--------------------------|
| Full Name: |
| Address: |
| City: |
| State and Zip: |
| Date of Birth: |
| Driver's License Number: |
| Phone Number(s): |

SIGNED AND ENTERED THIS THE _____ day of _____, 20____.

Defendant Signature

State of Texas

County of Goliad

_____, personally appeared before me, and being first duly sworn declared that he/she signed this application in the capacity designated, if any, and further states that he/she has read the above verified petition and the statements therein contained are true and correct.

Notary Public