APPLICATION FOR RESTRICTED DRIVES Commonwealth of Virginia	R'S LICENSE Case No	
	[] General District Court [] Juvenile & Domestic Relations I	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 driver's license; therefore, I request that the court grant a following locations for the following purpose(s):		(Court use only) APPROVED
(a) [] Travel to and from primary job Name and Location of Employer:		
	Work:	[] YES [] NO
Days of Week:		[] YES [] NO
Leave Work: Arrive at (b) [] Travel to and from VASAP	Home:	[] YES [] NO
(c) [] Travel during work hours <u>only as required by my employer:</u>		
<u>-</u>		[] YES [] NO
Written verification must be carried		[] YES [] NO
Days of Week: Arrive at	School:	[] YES [] NO
If for elderly parent or another person: Medic	lerly parent ng in my household al provider name: on:	[] YES [] NO
(f-1) Ignition Interlock on any motor vehicle that you opera		[] YES [] NO [] and on each motor vehicle owned by or registered to person
(f-2) [] Travel to and from the facility that installed or more interlock is ordered.	nitors the ignition interlock in the vehicle(s), if ignition	[] YES [] NO
	ho is/are under my care, to and from his/her/their school.	[] YES [] NO
(g-2) [] Necessary travel to transport a minor child(ren), w Name and Location of Day Care Provider:		[] YES [] NO
	ho is/are under my care, to and from medical providers	[] YES [] NO

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

CONTINUED FROM PAGE 1		
(h) [] Necessary travel for Court Ordered visitation with child(ren)		
Name(s):		
Location of Child(ren):	[] YES [] NO	
Days and Times of Visitation:		
(i-1) [] Travel to and from appointments with probation officer	[] YES [] NO	
Name and Location of Probation entity		
(i-2) [] Travel to and from programs required by court or as a condition of probation		
Program Name and Location:	[] YES [] NO	
Program Name and Location:		
(j) [] Travel to and from a place of religious worship		
Name and Location of place of religious worship:		
Day of Week (one day per week):	[] YES [] NO	
Leave Home: Arrive at place of religious worship:		
Leave place of religious worship: Arrive Home:		
(k) [] 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	[] YES [] NO	
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.		
appointment, including written proof of the date and time of the appointment.		
(m) [] Travel to and from jail to serve a jail sentence that is to be served on weekends or on nonconsecutive days.	[] YES [] NO	
I certify that the above information is true and accurate, that my driving privileges are not revoked or suspended fo	r 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 Rest	ricted Driver's License	
permits me to operate a motor vehicle under the conditions approved by the Court. I further understand that sho outside the restrictions of the Restricted Driver's License, I may be subject to the imposition of previously suspende		
and new criminal charges may be brought against me.	a sentences in this cas	
DATE DEFENDANT'S SIGNATURE		
Reviewed and Approved as indicated:		
DATE HIDGE		

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