

CAUSE NO. \_\_\_\_\_

§ IN THE JUSTICE COURT

§

§

§ PRECINCT 1

§

§

\_\_\_\_\_  
PETITIONER

§ WILSON COUNTY, TEXAS

### PETITION FOR OCCUPATIONAL LICENSE

I, \_\_\_\_\_, seek an occupational driver's license from this court based on the information provided below. *(You must swear that the information you provide in this petition is true and correct. Failure to provide true and accurate information may result in criminal penalties.)*

#### Section One – General Information.

My name is: \_\_\_\_\_.

My date of birth is: \_\_\_\_\_.

I am a resident of \_\_\_\_\_ County, Texas.

My home address is:

\_\_\_\_\_  
\_\_\_\_\_.

My mailing address *(if different than above)* is:

\_\_\_\_\_  
\_\_\_\_\_.

My Texas driver's license number is: \_\_\_\_\_.

- I am employed or looking for work, and my occupation is \_\_\_\_\_.
- I am a student at \_\_\_\_\_.
- I am the primary caretaker of \_\_\_\_\_ dependents who cannot drive.
- I have been ordered by a magistrate or other court order to install an ignition interlock device on my vehicle, and/or not to operate any vehicle which is not equipped with an ignition interlock device.
- I have not been ordered by a magistrate or other court order to install an ignition interlock device on my vehicle, and/or not to operate any vehicle which is not equipped with an ignition interlock device.

**Section Two – Reason(s) for Driver’s License Suspension.**

- My driver’s license has been suspended as the result of an arrest for an intoxication-related offense in \_\_\_\_\_ County, because:
  - A peace officer requested a sample of my breath or blood, and I refused; or
  - I provided a sample of my breath or blood, and the sample contained an alcohol concentration greater than 0.08.
- My driver’s license has been automatically suspended as the result of a conviction for Driving While Intoxicated (DWI) in a county or district court.
- My driver’s license has been suspended as the result of a conviction for a criminal offense in a justice or municipal court. *(Please provide information regarding this offense, including the name of the court in which you were convicted, the cause number, and the type of offense, below.)*

---

---

---

- My driver’s license has been suspended as the result of a physical or mental disability.
- My driver’s license has been revoked for failure to pay child support.
- My driver’s license has been suspended as the result of a conviction for Racing on a Highway.
- My driver’s license has been suspended because a court found that I am a “habitual violator of traffic laws.”
- My driver’s license has been suspended for another reason, described below:

---

---

---

---

---

**Section Three – Essential Need.**

*(Note: To obtain an occupational license, you must demonstrate an essential need to operate a motor vehicle. The Texas Transportation Code defines “essential need” as the “need of a person for the operation of a motor vehicle: in the performance of an occupation or trade or for transportation to and from the place at which the person practices the person's occupation or trade; for transportation to and from an educational facility in which the person is enrolled; or in the performance of essential household duties.” To demonstrate an essential need to operate a motor vehicle, you may attach additional documentation, such as a letter from your employer. If you attach additional documentation, be sure to check the appropriate box in Section Five of this petition.)*

I am seeking this occupational license to *(check all that apply)*:

- Travel to and from my place of work;
- Perform the duties of my job;
- Travel to and from school; or
- Perform essential household duties.

I am not seeking an occupational license to drive a commercial motor vehicle.

The following are addresses and descriptions of all destinations where I am requesting to travel with my occupational license:

---

---

---

---

---

---

---

---

---

---

To reach the destinations described above, I must travel to or through the following Texas counties *(please fully describe all counties and routes traveled)*:

---

---

---

---

---

---

---

Below, I have fully described all public transportation options within one mile of any destination described above, including my home, place of work, school, or place where I perform essential household duties. *(Public transportation options may include bus service, rail service, rural automobile service, ride-sharing services, etc.)*

---

---

---

---

I am the only member of my household who owns, leases, or has access to a motor vehicle.

A member of my household other than me owns, leases, or has access to a motor vehicle. *(Please describe this person's weekly schedule below.)*

---

---

---

---

---

---

- I own a bicycle or other means of non-motorized conveyance, described below.

---

---

---

- My work or school schedule is the same every week: I work or attend school during the following hours on the following days of the week (*check all that apply*):

Monday:

---

Tuesday:

---

Wednesday:

---

Thursday:

---

Friday:

---

Saturday:

---

Sunday:

---

- My work or school schedule varies from week to week. (*If you check this box, provide a general description of your work or school schedule below, including the total number of hours you work or attend school each week, days of the week on which you never work or attend school, days of the week on which you always work or attend school, and the earliest time your work or school day begins and the latest time your work or school day ends.*)

---

---

---

---

---

---

---

- My job duties include automobile travel. My employer requires me to travel by automobile to perform the following tasks:

---

---

---

---

---

---

- I perform the following essential household duties:

---

---

---

---

---

- To perform the essential household duties described above, I must travel by automobile during the following hours on the following days of the week (*check all that apply*):

- Monday:

---

- Tuesday:

---

- Wednesday:

---

- Thursday:

---

- Friday:

---

- Saturday:

---

- Sunday:

---

#### **Section Four – Suspension History**

In the past five years, my license has been suspended for:

- A refusal to submit to the taking of a breath or blood specimen following an arrest for an offense prohibiting the operation of a motor vehicle or an offense prohibiting the operation of a watercraft while intoxicated, under the influence of alcohol, or under the influence of a controlled substance.
- An analysis of a breath or blood specimen showing an alcohol concentration of .08 or above, following an arrest for an offense prohibiting the operation of a motor vehicle or watercraft while intoxicated.
- A conviction for Driving While Intoxicated (Penal Code § 49.04); Driving While Intoxicated with Child Passenger (Penal Code § 49.045); Flying While Intoxicated (Penal Code § 49.05); Boating While Intoxicated (Penal Code § 49.06); Assembling or Operating an Amusement Ride While Intoxicated (Penal Code § 49.065); Intoxication Assault (Penal Code § 49.07); or Intoxication Manslaughter (Penal Code § 49.08).

**Section Five – Additional Documents.**

- I have obtained evidence of financial responsibility (*automobile liability insurance*), which is attached to my petition. (*Note: You may not be issued an occupational license unless you obtain evidence of financial responsibility.*)
- I have attached a copy of my SR-22 per state requirement.
- I have attached a Type AR certified abstract of my driving record to this petition. (*Note: the court cannot grant your petition without reviewing your driving record.*)
- I have attached documents demonstrating my essential need to operate a motor vehicle.
- I have attached other documents, which are described below:

\_\_\_\_\_.

Petitioner requests that the court grant this Petition for Occupational License, and send a certified copy of this Petition, along with its order granting petitioner’s occupational license, to the Texas Department of Public Safety.

\_\_\_\_\_ Signature of Plaintiff or Attorney

\_\_\_\_\_ Address of Plaintiff or Attorney

\_\_\_\_\_ Phone & Fax No. of Plaintiff/Attorney

**SWORN TO AND SUBSCRIBED** on \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_ CLERK OF THE JUSTICE COURT OR NOTARY