

**APPLICATION FOR RESTRICTED DRIVER'S LICENSE**  
Commonwealth of Virginia

Case No. ....

General District Court

Juvenile & Domestic Relations District Court

FAIRFAX COUNTY  
CITY/COUNTY

DEFENDANT  
ADDRESS  
CITY STATE ZIP

DRIVER'S LICENSE NUMBER STATE  
DATE OF BIRTH  
DATE OF OFFENSE

My driver's license has been suspended or denied for an offense which makes me eligible for a restricted driver's license; therefore, I request that the court grant a restricted driver's license for travel to and from the following locations for the following purpose(s):

(Court use only)  
**APPROVED**

(a)  Travel to and from primary job  
Name and Location of Employer: .....  
Days of Week: .....  
Leave Home: ..... Arrive at Work: .....  
Leave Work: ..... Arrive at Home: .....

YES  NO

Travel to and from secondary job  
Name and Location of Employer: .....  
Days of Week: .....  
Leave Home: ..... Arrive at Work: .....  
Leave Work: ..... Arrive at Home: .....

YES  NO

(b)  Travel to and from VASAP  
(c)  Travel during work hours **only as required by my employer:**  
Hours of required travel: .....

YES  NO

**Written verification must be carried**

YES  NO

(d)  Travel to and from school  
Name and Location of school: .....  
Days of Week: .....  
Leave Home: ..... Arrive at School: .....  
Leave School: ..... Arrive at Home: .....

YES  NO

(e)  Medically necessary travel by appointment for:  me  my elderly parent  
Medical provider name: .....  
Location: .....

YES  NO

(f)  Ignition Interlock  
(g-1)  Necessary travel to transport a minor child(ren), who is/are under my care, to and from his/her/their school.  
Name and Location of School: .....  
Dates and Times: .....

YES  NO

YES  NO

(g-2)  Necessary travel to transport a minor child(ren), who is/are under my care, to and from day care  
Name and Location of Day Care Provider: .....  
Dates and Times: .....

YES  NO

(g-3)  Necessary travel to transport a minor child(ren), who is/are under my care, to and from medical providers  
Name and Location of Medical Provider: .....  
Dates and Times: .....

YES  NO

(h)  Necessary travel for Court Ordered visitation with child(ren)  
Name(s): .....  
Location of Child(ren): .....  
Days and Times of Visitation: .....

YES  NO

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

Name ..... Case No.....

**CONTINUED FROM PAGE 1**

(i-1) <input type="checkbox"/> Travel to and from court appearances in which you are a subpoenaed witness or party.	<input type="checkbox"/> YES <input type="checkbox"/> NO
(i-2) <input type="checkbox"/> Travel to and from appointments with probation officer. Name and Location of Probation entity .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
(i-3) <input type="checkbox"/> Travel to and from programs required by court or as a condition of probation Program Name and Location: ..... Program Name and Location: .....	<input type="checkbox"/> YES <input type="checkbox"/> NO

I certify that the above information is true and accurate, that my driving privileges are not revoked or suspended for 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 Restricted Driver's License permits me to operate a motor vehicle under the conditions approved by the Court. I further understand that should I be found driving outside the restrictions of the Restricted Driver's License, I may be subject to the imposition of previously suspended sentences in this case and new criminal charges may be brought against me.

.....  
DATE

.....  
DEFENDANT'S SIGNATURE

Reviewed and Approved as indicated:

.....  
DATE

.....  
JUDGE

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