

Court Case No: _____ ASAP Staff initials: _____
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RESTRICTED OPERATOR'S LICENSE APPLICATION WORKSHEET

If part of your sentence is a suspension of your operator's license, you may be eligible for a restricted operator's license that allows you to drive to and from work, to and from school, to transport your children, and to and from the Alcohol Safety Action Program. Under special circumstances, you may also be permitted to drive to and from doctor's appointments or treatment if medically necessary.

COMPLETE THIS FORM BEFORE APPEARING BEFORE THE JUDGE. IF YOU PLEAD GUILTY OR ARE FOUND GUILTY, SUBMIT THE FORM TO THE JUDGE.

NAME: _____

Information on your driver's license

Race	Sex	DOB	HT	WGT	EYES	HAIR
D.L.					State:	

ADDRESS: _____

NAME OF EMPLOYER: _____

JOB TITLE: _____

ADDRESS: _____

DAYS OF EMPLOYMENT: _____ HOURS: from _____ to _____

Your restricted license will include time for travel to and from work. On this form, state the hours that you are actually required to be at your work site.

Is it necessary as a condition of employment that you travel during the work day?

yes no

Please use back of form for other job(s). Check here if there is information on the back.

I am a student and apply to drive to and from school. Written verification of my enrollment is attached. [For travel to and from school, you must provide verification of enrollment.]

NAME OF SCHOOL: _____

DAYS AND HOURS: _____

I apply for medically necessary travel. Documentation is attached. [For medically necessary travel, you must provide written proof from a health care provider.]

I apply for permission to drive children under my care to and from:

school - name, address, hours: _____

day care - name, address, hours: _____

medical service facility name, address, hours: _____

I apply for permission to drive to and from ASAP.

I hereby certify that the above information is true and accurate. I understand that my restricted operator's license will allow me to drive only directly to and from the specified locations. I may not make any other stops on the way to or from the above locations.

Defendant _____

Date _____

Office Use Only

DWI ___ BAC ___ Reckless Driving ___ Possession of Marijuana ___ Illegal Consumption _____

Offense date: _____ Conviction date: _____ ASAP required? yes no

License suspension: _____ months from ____ / ____ / ____ to ____ / ____ / ____

Interlock required? yes no

JUDGE: _____