

Court Case No: \_\_\_\_\_  
ASAP Case No: \_\_\_\_\_

ASAP Staff initials: \_\_\_\_\_

### 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: \_\_\_\_\_