

Tricia K. Krenek Justice of the Peace Precinct One, Place Two Fort Bend County, Texas

Occupational Driver's License Petition Requirements You MUST include the following with your Petition:

- 1. Petition by Applicant for Occupational Driver's License.
- 2. Letter from employer that includes location of employment, hours of operation and the essential need for transportation to and from the place. If a student, you must provide a class schedule from the school of attendance.
- 3. SR-22
- 4. Certified Abstract (Type AR) Driving Record
- 5. Court Costs in the amount of <u>\$54.00</u> due at the time of filing (Form of payment: Cash, cashier's check, or money order payable to <u>JP 1-2</u>.)

THE COURT IS PROHIBITED FROM GRANTING A PERSON AN OCCUPATIONAL LICENSE FOR THE OPERATION OF A COMMERCIAL MOTOR VEHICLE

You may purchase a copy of your Certified Abstract Driving Record (Type AR) online from the DPS website: http://dps.texas.gov/DriverLicense/driverrecords.htm

To purchase your Certified Abstract Driving Record (Type AR) by mail, please fill out the following form and mail to DPS along with payment. The form is available here: https://www.dps.texas.gov/internetforms/Forms/DR-1.pdf

Completed petitions containing all the necessary information will be reviewed by the Judge and may be granted without a hearing. Incomplete petitions may require a hearing to determine the necessary information.

If a hearing is not necessary, you will be notified by the Court of a date to appear and pick up a certified copy of the Order. (A \$10.00 fee will apply for certified copies.)

Submit all documents to: 6610 FM 359, Suite 600 Fulshear, TX 77441 281-341-3742 Fax 281-341-3746 JP1-2@fbctx.gov

CAUSE	NO	
	§	IN THE JUSTICE COURT
	% % % % % % %	PRECINCT ONE, PLACE TWO
PETITIONER	. § §	FORT BEND COUNTY, TEXAS
PETITION FO	R OCCUI	PATIONAL LICENSE
I,		(name), seek an occupational
	is true and	nation provided below. (You must swear that the d correct. Failure to provide true and accurate
Section One – General Information		
My name is:		·
My date of birth is:		·
I am a resident of Fort Bend County, Tex	as.	
My home address is:		
My mailing address (if different than abo	ve) is:	
My Texas driver's license number is:		
Phone number:	E-m	ail:
(Check all provisions that apply)		
	-	pation is
 □ I am the primary caretaker of	(number) r other Cour nicle which i ate or other	

Se	ction Two – Reason(s) for Driver's License Suspension (Check all provisions that apply)						
	My driver's license has been suspended as the result of an arrest for an intoxication-related offense in (name of county) 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 concentrate 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. (<i>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.</i>)						
	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.)

		the provision(s) that apply) 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 veh describe this person's weekly schedule below.)						
	Iow	n a bicycle or other means of non-motorized conveyance, described below.				
	hour	work or school schedule is the same every week: I work or attend school during the following son the following days of the week (check all that apply): Monday:				
		Tuesday:				
		Wednesday:				
		Thursday:				
		Friday:				
		Saturday:				
		Sunday:				
	descr atten week	work or school schedule varies from week to week. (If you check this box, provide a general ription of your work or school schedule below, including the total number of hours you work or d school each week, days of the week on which you never work or attend school, days of the on which you always work or attend school, and the earliest time your work or school day and the latest time your work or school day ends.)				

	ies include automobile travel. My employer requires me to travel by automobile to following tasks:
I perform the	e following essential household duties:
following ho	the essential household duties described above, I must travel by automobile during the burs 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 (*check all provisions that apply*): □ A refusal to submit to the taking of a breath or blood specimen following an arrest for 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 § 49.065); Intoxication Assault (Penal Code § 49.07); or Intoxication Manslaughter (Penal Code § 49.08). Section Five – Additional Documents (Check all provision that apply)

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 **Section Five – Additional Documents** (*Check all provision that apply*) ☐ I have obtained evidence of financial responsibility (automobile liability insurance-SR22), 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 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. Petitioner's Signature SWORN TO AND SUBSCRIBED before me on _______, 20_____.

CLERK OF THE JUSTICE COURT OR TEXAS NOTARY

IF YOU ARE UNABLE TO HAVE THIS PETITION SIGNED IN THE PRESENCE OF A NOTARY PUBLIC, YOU MUST COMPLETE THE FOLLOWING UNSWORN DECLARATION:

My current legal	name is:				_	
	First		Middle		Last	
My date of birth	is:	/				
·	Month	Day	Year			
My address is:						
;	Street Address	City	State	Zip Code	County	
Executed in		County	v. State of Te	xas, on the	dav of	
	(mor			, <u>—</u>	<i>,</i>	
			Petitioner/Decl	arant's Signatu	re	