	CAUSE NO						
		§ §	IN THE JUSTICE COURT				
		§					
		§	PRECINCT				
		§					
PETITIONER	<del></del>	§ §	TARRANT COUNTY, TEXAS				
Pl	ETITION FOR OCC	CUPA	ATIONAL LICENSE				
I,			, seek an occupational driver's				
			ovided below. <i>(You must swear that the</i>				
	this petition is true	-	orrect. Failure to provide true and accurate				
Section One – General Info	rmation.						
My name is:			···				
My date of birth is:			·				
I am a resident of			County, Texas.				
My home address is:							
My mailing address (if diffe	rent than above) is:						
			·				
☐ Driver's License Numbe	r and Issuing State/	Coun	try:				
☐ I do not have a driver's	license issued by ar	ny sta	te or country.				
	$\hfill\square$ I am employed or looking for work, and my occupation is						
□ I am a student at							
☐ I am the primary careta							
☐ I have been ordered by	I have been ordered by a magistrate or other court order to install an ignition interlock						
device on my vehicle, a	nd/or not to operat	e any	vehicle which is not equipped with an				
ignition interlock device	2.						
$\square$ I have been convicted more than once in the 10 years before the date of this petition of $i$							

Section Two – Reason(s) for Driver's License Suspension/Revocation/Cancellation.

offense under Sections 49.04-49.08 of the Penal Code.

	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 suspended due to an unpaid civil judgment (issued in
	County) related to a car wreck.
	My driver's license has been revoked for failure to pay child support in
	County.
	My driver's license has been suspended as the result of a conviction for a criminal offense.
	(Please provide information regarding this offense, including the name and county of the
	court in which you were convicted, the cause number, and the type of offense, below.)
	My driver's license has been suspended or revoked by DPS for the following reason:
	I previously obtained an occupational driver's license and it was revoked by a court in
	County for the following reason:
	My driver's license has been suspended, revoked, or cancelled as the result of a physical or mental disability.
	My driver's license has been suspended, revoked, or cancelled for another reason,
ш	described below (if applicable, include the county where the incident occurred that led to
	the suspension/cancellation/revocation):
	the suspension/cancellation/revocation).

## 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 in pursuit of a trade or occupation; for transportation to and from an educational facility in which the person is enrolled; or in the performance of essential household

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 in pursuit of a trade or occupation; ☐ Travel to and from school; or ☐ Perform essential household duties. ☑ I am **not** seeking an occupational license to drive a commercial motor vehicle. (\*A commercial driver's license holder is eligible for an occupational license to drive noncommercial motor vehicles.) ☑ 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.)

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

□Ar	m the only member of my household who owns, leases, or has access to a motor vehicle member of my household other than me owns, leases, or has access to a motor vehicle. lease describe this person's weekly schedule below.)					
 lo	n a bicycle or other means of non-motorized conveyance, described below.					
fol	work or school schedule is the <b>same</b> every week: I work or attend school during the wing hours on the following days of the week <i>(check all that apply)</i> :  Monday:					
fol	wing hours on the following days of the week (check all that apply):  Monday:					
fol [	wing hours on the following days of the week (check all that apply):  Monday:  Tuesday:					
fol [	wing hours on the following days of the week (check all that apply):  Monday:  Tuesday:					
fol [	wing hours on the following days of the week (check all that apply):  Monday:  Tuesday:  Wednesday:					
fol [	wing hours on the following days of the week (check all that apply):  Monday:  Tuesday:  Wednesday:  Thursday:					

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 travel in pursuit of a trade or occupation as follows:
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):

	Wednesday:		
	Thursday:		
	Friday:		
	Saturday:		
С	Sunday:		
Section Four	r – Additional Documents.		
required while dri I have at court car I have at	by DPS), or that I am cover ving. The evidence is attach tached a Type AR certified a nnot grant your petition wit	abstract of my driving record hout reviewing your driving r trating my essential need to	nother party at all times to this petition. (Note: the record.)
certified cop		this Petition for Occupational	
Petitioner's	Signature	Date of Birth	Last 4 of SSN
SWORN TO AND SUBSCRIBED before me on		e on	, 20
CLERK OF TH	IE JUSTICE COURT OR NOTA	.RY	