PETITION FOR RESTORATION OF DRIVING PRIVILEGE – THIRD OFFENSE

Using This Revisable PDF Form

Any person who has had their driver's license revoked by the Department of Motor Vehicles (DMV) following the conviction of a third offense of driving under the influence within ten (10) years or conviction of involuntary manslaughter while driving under the influence or maiming while driving under the influence may petition the circuit court where he or she lives to restore his or her privilege to drive. Va. Code § 46.2-391.

The period of time which must elapse before such person may petition to have his driving privileges restored or a restricted license issued varies based on whether the person is requesting restoration of his or her privilege to drive or a restricted license to drive to certain locations. For restoration, five (5) years must have elapsed since the date of the last conviction and the person must be required to install an ignition interlock system for at least six (6) months. In lieu of restoration, the court may also order a restricted drivers' license be issued. To request a restricted drivers' license, at least three (3) years must have passed since the last conviction and the person must also be required to install an ignition interlock system for the duration of the restricted license. Va. Code § 46.2-391(C). The petitioner must indicate what he or she is seeking by choosing either option A or option B.

A certified copy of the petitioner's DMV record should be attached to the completed petition.

The court, prior to acting on the petition, must order an evaluation of the person by VASAP.

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| | | | | | | | Н | IEARI | NG DAT | E AND | TIME | |
| | | | | | | | | 7 | | | | |
| | 2 | Circuit (| Court | | | | | | | | | |
| CITY | OR COUNTY | | | | | | | | | | | |
| | 3 | | | | | | 5 | | | | | |
| PETITI | ••• | COMPLETE DATA BELOW IF KNOWN | | | | | | | | | | |
| | 4 | RACE | SEX | MO. | BORN DAY | YR. | FT. | IT. I IN. | WGT. | EYES | HAIR | |
| | ADDRESS | | | | D.11 | 110 | 11. | 22.11 | | | | |
| | | SSN | : | <u> </u> | | l . | | | | | | |
| | | 6 | | | | | | | | | | |
| TO THE JUDGE OF | THE ABOVE-NAMED CO | OURT: | | | | | | | | | | |
| I respectfully represent | that on 8 | | , my dri | ver's | licen | se wa | s revo | ked by | the Dep | artment (| of Motor | |
| Vehicles, pursuant to V | irginia Code § 46.2-391 (B), | based on tl | ne follo | wing | convi | ction | s: | | | | | |
| | | | | | | | | | | | | |
| | | 9 | | | | | | | | | | |
| OFFENSE | OFFENSE DATE | CO | CONVICTION DATE | | | | CONVICTING COURT | | | | | |
| OFFENSE | OFFENSE DATE | CO | CONVICTION DATE | | | | CONVICTING COURT | | | | | |
| OFFENSE | OFFENSE DATE | | CONVICTION DATE | | | | CONVICTING COURT | | | | | |

10 I have attached a certified transcript of my driving record from the Department of Motor Vehicles.

CHECK A OR B BELOW TO INDICATE THE BASIS OF YOUR PETITION AND COMPLETE OTHER SECTIONS AS APPLICABLE:

- 11 [] A. Restoration under Va. Code § 46.2-391(C)(1). (Eligible only after five (5) years from the date of the last conviction.)

 My license was revoked based on and dependent upon three convictions pursuant to Va. Code § 18.2-266, § 18.2-51.4 or Subsection A of § 46.2-341.24 or valid local ordinance or law of another state or jurisdiction relating to operating a motor vehicle under the influence of intoxicants or drugs.

 I represent that:
 - (i) At the time of my convictions, I was addicted to or psychologically dependent on the use of alcohol or other drugs; and
 - (ii) At this time, I am no longer addicted to or psychologically dependent on the use of alcohol or other drugs; and
 - (iii) At least five years have passed from the date of the last conviction upon which the revocation of my license was based; and
 - (iv) I do not constitute a threat to the safety and welfare of myself or others with respect to the operation of a motor vehicle.

I request that the Court restore my privilege to operate a motor vehicle in the Commonwealth upon my evaluation by the Virginia Alcohol Safety Action Program.

If the Court does not restore my privilege to operate a motor vehicle in the Commonwealth as requested above, I further request, as indicated by completing the next section, that the Court authorize the issuance of a restricted license in lieu of restoring my privilege to drive as provided in Va. Code § 46.2-391(C)(1). I request that the Court grant the restricted driver's license for travel to and from the following locations for the following purpose(s):

| 2 | | (| Case No1 | | | | | | | |
|----------|--|--|--|--|--|--|--|--|--|--|
| | [] Travel to/from the facility that interlock is ordered. | installed or monitors the ignition interlock | c on your vehicle(s), if ignition | | | | | | | |
| | Travel to/from work | Travel to/from VASAP | Travel during work | | | | | | | |
| | Travel to/from school | Travel to/from school for child | | | | | | | | |
| | Travel to/from day care for chi | | | | | | | | | |
| | | Travel to/from medical service facility for [] you [] minor child [] elderly parent [] person residing in household: | | | | | | | | |
| | [] Travel to/from court ordered vi | | | | | | | | | |
| | | Travel to/from appointments with probation officer | | | | | | | | |
| | | Travel to/from programs required by court or as a condition of probation | | | | | | | | |
| | Travel to/from a place of religion | | | | | | | | | |
| | | NAME AND LOCATION OF PLACE OF WORS | нір | | | | | | | |
| | | REQUESTED DAY OF WEEK AND TIME FOR TR | AVEL | | | | | | | |
| | | Travel to/from appointments approved by the Division of Child Support Enforcement of the Department of Social Services as a requirement of participation in an administrative or court-ordered intensive case monitoring program for child support | | | | | | | | |
| | [] Travel to/from jail to serve a se | entence on weekends or nonconsecutive da | ays | | | | | | | |
| | | Travel to/from a job interview for which you have with you written proof from your prospective employer of the date, time, and location of the job interview. | | | | | | | | |
| | NAME AND ADDRESS OF EMPLOYER | | DAYS AND HOURS WORKED | | | | | | | |
| | [] Travel to/from the offices of th | e Virginia Employment Commission for t | he purpose of seeking employment. | | | | | | | |
| [] B. | | § 46.2-391(C)(2). (Eligible only after three | ee (3) years from the date of your last | | | | | | | |
| 3 | | nd dependent upon three convictions purs 24 or valid local ordinance or law of anot influence of intoxicants or drugs. | | | | | | | | |
| | | I was addicted to or psychologically depe | ndent on the use of alcohol or other | | | | | | | |
| | (ii) At this time I am no longer add | icted to or psychologically dependent on I from the date of the last conviction upor | | | | | | | | |
| | · · | e safety and welfare of myself or others w | vith respect to the operation of a motor | | | | | | | |
| | | te of a restricted license to allow me to dri Virginia Alcohol Safety Action Program. | ive to and from my home to the place | | | | | | | |
| | | 4 | | | | | | | | |
| •••••• | NAME AND ADDRESS OF EMPLOYER | | DAYS AND HOURS WORKED | | | | | | | |
| I reques | st that the court hold a hearing on my | petition. | | | | | | | | |
| | 5 | | 6 | | | | | | | |
| | DATE | PET | TITIONER'S SIGNATURE | | | | | | | |

PETITION FOR RESTORATION OF DRIVING PRIVILEGE – THIRD OFFENSE

Data Elements, page one

- 1. Court case number. Not filled out online.
- 2. Court name.
- 3. Name of the petitioner.
- 4. Address of the petitioner.
- 5. Information about the petitioner.
- 6. Petitioner's social security number.
- 7. Hearing date and time. Not filled out online.
- 8. Date on which petitioner's driver's license was revoked.
- 9. Insert the offenses upon which the declaration or adjudication was based.
- 10. Attach a certified transcript of petitioner's driving record from the Department of Motor Vehicles.
- 11. Check the box for Option A if it reflects the basis of the petition.

Data Elements, page two

- 1. Court case number. Not filled out online.
- 2. Check box for Option B if it reflects the basis of the petition.
- 3. Indicate the type(s) of travel requested in the restricted driver's license. Multiple boxes may be checked.
- 4. Enter name and address of employer and days and hours worked, if applicable.
- 5. Date signed by petitioner. Not filled out online.
- 6. Petitioner's signature. Not filled out online.