

CAUSE NO. CC _____

EX PARTE

§ IN THE COUNTY COURT

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AT LAW NO. 2 OF

HUNT COUNTY, TEXAS

PETITIONER

APPLICANT’S AFFIDAVIT FOR OCCUPATIONAL DRIVER’S LICENSE

Before me, the undersigned authority, personally appeared _____, who being duly sworn, deposed as follows:

1. “My name is _____, I am at least 18 years of age and of sound mind. I have read the pleadings in this case requesting the Court approve an occupational license and represent that the pleadings are true and correct.

2. My date of birth is ____/____/____.

3. My license has not been suspended for a physical or mental disability or non-payment of child support.

4. I reside at _____ County, Texas.

5. My Texas driver’s license number is _____ or I do not have a driver’s license.

6. My Texas driver’s license or right thereto was suspended on: _____/____/____ for a period of _____ days months years

7. My Texas driver’s license or right thereto was suspended for the following reason:

a. Conviction of a Criminal Offense (If selected, you **MUST** provide all information below):

Date of Conviction:	
Cause Number:	
Offense:	
County:	
Court:	
At the time the offense was committed I <input type="checkbox"/> was / <input type="checkbox"/> was not under twenty-one (21). AND I <input type="checkbox"/> have / <input type="checkbox"/> have not in the 10 years prior to the date of the filing of this petition been issued more than one occupational license after a conviction under the laws of this state.	

b. Failed breath test or blood test (Chapter 524);

c. Refusal to provide a breath or blood specimen (Chapter 724);

d. Other: _____.

8. I have an essential need to operate a motor vehicle for: occupation or trade, to or from an educational facility in which I am enrolled, or performance of essential household duties. Specifically:

Employer:

Name:			
Address:			
I work from:	<input type="checkbox"/> am / <input type="checkbox"/> pm	to	<input type="checkbox"/> am / <input type="checkbox"/> pm

School:

Name:			
Address:			
I attend school from:	<input type="checkbox"/> am / <input type="checkbox"/> pm	to	<input type="checkbox"/> am / <input type="checkbox"/> pm

9. The total hours for each of the days of the week for which I have the essential need to operate a motor vehicle are as follows (*Only list the total driving hours. For instance, if the essential need is to drive to and from work. Only list the roundtrip time it takes you to drive to and from work, not the time you work.*):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

10. The counties I have an essential need to travel in are:

11. I am / am not requesting the Court to grant a waiver of the four (4) operating period. If I am, it is because I have a necessity to operate a motor vehicle for more than four (4) hours in a twenty-four (24) hour period, and attached hereto as ***Exhibit "D"*** is an affidavit from my employer stating *in detail* the reasons that justify my request for a waiver of the four (4) hour operating period.

12. I have a valid policy of automobile insurance in accordance with the provisions of §601.071 et seq., of the Texas Transportation Code. A true and correct copy is attached hereto as ***Exhibit "A."***

13. A true and correct copy of my current driving history, specifically the "Type AR" record obtained from the Texas Department of Public Safety, is attached hereto as ***Exhibit "B."***

14. Listed below are all the motor vehicles that I own:

Make	Model	Year	VIN#	License Plate #

15. I have / have not installed an ignition interlock device with camera feature in all motor vehicles that I own. If I have already installed said device on all my vehicles, a true and correct copy of the interlock installation contract from the provider, is attached hereto as ***Exhibit "C."***

16. Regarding my driver license suspension history (*select only the **ONE** that applies*):

- I have not had a prior suspension arising from an alcohol-related or drug-related enforcement contact in the five years preceding the date of the my arrest;
- I have had my driver's license suspended as a result of an alcohol or drug-related enforcement contact during the five years preceding the date of my arrest;
- I have had my driver's license suspended as a result of a conviction of an offense under Sections 49.04-49.08 of the Texas Penal Code, during the five years preceding the date of my arrest;
- I have had my driver's license suspended as a result of a second or subsequent conviction under Sections 49.04-49.08 of the Texas Penal Code, which was committed within five years of the date on which the most recent preceding offense was committed; or
- Other situation not described above.

Further Affiant sayeth not."

AFFIANT

SUBSCRIBE AND SWORN TO BEFORE ME on the _____ day of _____, 20_____, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas