CAU	SE NO	
	§ §	IN THE JUSTICE COURT
EX PARTE	§ § § 	PRECINCT NO.
		COUNTY, TEXAS
(Name of Petitioner)	•	,
PETITION	FOR OCCUPA	TIONAL LICENSE
I,	(Name	of Petitioner), seek an occupational
license from this court based	on the informatio	n provided below. (You must swear that
the information you provide in	this petition is true	e and correct. Failure to provide true and
	-	-
accurate information may result	<i>т сттта</i> п ренаше	s. <i>)</i>
Section 1. General Informati	ion.	
You must complete all applicable	e sections.	
My name is:		•
My date of birth is:		·
I am a resident of		County, Texas.
My home address is:	en la companya de la	
) is:

My cell phone number is:
My emergency contact is:
Their phone number is:
My Texas driver's license number is:
☐ I give my consent for notifications to be sent to my email address which is:
☐ I am employed, and my occupation is:
Work address and phone number:
☐ I am the primary caretaker of children less than 16 years of age.
\square I have been ordered by a magistrate to install an ignition interlock device on
my vehicle, and/or not to operate any vehicle which is not equipped with an
ignition interlock device.
☐ I have not been ordered by a magistrate to install an ignition interlock
deviceon my vehicle, and/or not to operate any vehicle which is not equipped
with an ignition interlock device.
☐ I have a commercial driver's license.
☐ I do not have a commercial driver's license.

Section 2.Reason(s) for Driver's License Suspension.

You must complete all applicable sections.

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 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. 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.
My driver's license has been suspended as the result of a physical or mental
disability.
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 because a court ordered me to attend a
Driver Education Program and suspended my license for 365 days.
My driver's license has been suspended for another reason, described below:

Section 3. Essential Need.

You must complete all applicable sections.

(Note: In order 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: (A) 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; (B) for transportation to and from an educational facility in which the person is enrolled; or (C) in the performance of essential household duties." In order to demonstrate an essential need to operate a motor vehicle, you may attach additional documentation, such as a

ppropriate box in Section 5 of this petition.)
☐ I am seeking this occupational license in order to (check all that apply):
☐ Travel to and from my place of work;
☐ Perform the duties of my job;
☐ Travel to and from school; or
☐ Perform essential household duties.
In the space below, provide an address and description for any destination you seek to travel
to using an occupational license.
In the space below, fully describe all public transportation options within one mile of any
destination described above, including your home, place of work, school, or place where you

letter from your employer. If you attach additional documentation, be sure to check the

per	perform essential household duties. Public transportation options may include bus service,					
rai	l service, rural automobile service, ride-sharing services, etc.					
	<u> </u>					
	I am 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 vehicle. (Please describe this person's weekly schedule below.)					
	I own a bicycle or other means of non-motorized conveyance, described					
	below.					

My work or school schedule is the same every week: I work or attend school						
during the following hours on the following days of the week (check all that						
apply):						
☐ Monday: from to						
□ Tuesday: from to						
□ Wednesday: from to						
☐ Thursday: from to						
☐ Friday: from to						
□ Saturday: from to						
□ Sunday: from to						
My work or school schedule varies from week to week. (If you check this box,						
provide a general description of your work or school schedule below, including the total						
number of hours you work or attend school each week, days of the week on which you						
never work or 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.)						
· · · · · · · · · · · · · · · · · · ·						

□ Му јо	ob duties include automobile travel. My employer requires me to travel
by au	tomobile to perform the following tasks:
<u></u>	
□ I perf	orm the following essential household duties:
	· · · · · · · · · · · · · · · · · · ·
□ In or	der to perform the essential household duties described above, I must
trave	by automobile during the following hours on the following days of the
week	(check all that apply):
	Monday: from to
	Tuesday: fromto
	Wednesday: from to

☐ Thursday: from to
☐ Friday: from to
□ Saturday: from to
□ Sunday: from to
☐ In order to:
☐ Travel to school;
☐ Travel to my place of work;
☐ Perform my job duties; or
☐ Travel to the place I perform essential household duties;
I must travel by automobile to or through the following Texas counties (pleas
fully describe all counties and routes traveled):
·

Section 4. Suspension History

You must complete all applicable sections.

My driver's license has previously been suspended for: ☐ A second or subsequent conviction for Driving While Intoxicated (Section 49.04, Penal Code); Intoxication Assault (Section 49.07, Penal Code), or Intoxication Manslaughter (Section 49.08, Penal Code), committed within five years of a previous conviction for Driving While Intoxicated (Section 49.04, Penal Code); Intoxication Assault (Section 49.07, Penal Code), or Intoxication Manslaughter (Section 49.08, Penal Code). In the past five years, my license has been suspended for: ☐ A refusal to submit to the taking of a breath or blood specimen following an arrest for an offense prohibiting the operation of a motor vehicle or 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 (Section 49.04, Penal Code); Intoxication Assault (Section 49.07, Penal Code), or Intoxication Manslaughter (Section 49.08, Penal Code). ☐ A conviction for an offense other than Driving While Intoxicated (Section 49.04, Penal Code); Intoxication Assault (Section 49.07, Penal Code), or

Intoxication Manslaughter (Section 49.08, Penal Code) prohibiting the

operation of a motor vehicle or watercraft while intoxicated, under the influence of alcohol, or under the influence of a controlled substance.

Section 5. Additional Documents.

You must	t complete all applicable sections.
 I	have obtained evidence of financial responsibility, and I have attached a
co	opy of an SR-22 to this petition. (Note: You may not be issued an occupational
lic	cense unless you obtain evidence of financial responsibility.)
	have attached a Certified Court Abstract of my driving record (Type AR) to
th	is petition. (Note: the court cannot grant your petition without reviewing your
dr	riving record.)
	have attached a copy of all Court Orders that suspended my license.
	have attached a copy of all Letters of Suspension from DPS.
 I	have attached a letter from my employer or immediate supervisor on
1e	tterhead (or an affidavit) that verifies my work schedule.
	have attached proof of School Enrollment.
	have attached documents which demonstrate my essential need to operate a
m	notor vehicle.
	have attached other documents, which are described below:

PRAYER

WHEREFORE, PREMISES CONSIDERED, Petitioner prays that this Honorable
Court grant this Petition for Occupational License, and to send a copy of its order
granting petitioner's occupational license to the Department of Public Safety of Texas.

	Petitioner's Signature									
SWORN	ТО	AND	SUBSCRIBED	BEFORE	ME	ON	THIS		DAY	OF
		***************************************	, 2	.0						
				Notar	v Pub	ilic or	Clerk	of the Ju	stice Co	