

**APPLICATION FOR DRIVING PRIVILEGES**

Case Number: \_\_\_\_\_

Pending Case

Full Name: \_\_\_\_\_

Post-Conviction   
(\$25 Fee Due at  
time of Filing)

Residence Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Proof of   
Auto Insurance

Email Address: \_\_\_\_\_

I wish to apply for **limited** driving privileges (complete applicable sections below)

**1.) Primary Employment:**

Employer: \_\_\_\_\_

Proof from   
Employer with  
days & hours  
worked attached

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

**2.) Secondary Employment:**

Employer: \_\_\_\_\_

Proof from   
Employer with  
days & hours  
worked attached

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

\*Employment letter must be on letter head and signed by employer.\*

Letter needs to state days/hours worked, whether employee is required to drive during work hours  
and if overtime is mandatory or volunteer based.

**3.) Education & Vocational Purposes:**

School Name: \_\_\_\_\_

Proof from   
School of days &  
hours of classes  
attached

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**4.) Medical and/or Treatment Programs, including AA, MADD, Counseling, IOP, Aftercare:**

Medical: \_\_\_\_\_

Outpatient Treatment: \_\_\_\_\_

Aftercare: \_\_\_\_\_

AA/MADD: \_\_\_\_\_

Counseling: \_\_\_\_\_

Other: \_\_\_\_\_

**Proof from   
Medical  
Professional  
and/or Treatment  
agency of days &  
hours of treatment**

**Do you live alone? YES or NO**

**5.) Driving for Necessities - Choose one 3-Hour Window, same day/time every week:**

Note the day and 3 hour window you wish to drive for necessities  
(Church, Shopping, Haircut, Bank, Gas, etc.)

\_\_\_\_\_

**6.) Other:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_