

APPLICATION FOR DRIVING PRIVILEGES

Case Number: _____ SSN: _____

Full Name: _____

Address: _____

Phone Number: _____ Cell: _____

Email Address: _____ DOB: _____

- ☐ I want to apply for **limited** driving privileges (complete applicable sections below)
- ☐ Pending case ☐ Post-conviction: \$25.00 fee (due at time of filing)
- ☐ Proof of Auto Insurance

1. Primary Employment:

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

- ☐ Attached is proof from employer on company letterhead (signed by employer) with days & hours worked, if the employee is required to drive during work hours **AND** if overtime is mandatory or volunteer based.

2. Secondary Employment:

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

- ☐ Attached is proof from employer on company letterhead (signed by employer) with days & hours worked, if the employee is required to drive during work hours **AND** if overtime is mandatory or volunteer based.

3. Education & Vocational Purposes:

School Name: _____

School Address: _____

School Phone Number: _____

☐ Attached is proof from school of days and hours of classes

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

Medical: _____

Outpatient Treatment: _____

Aftercare: _____

AA/MADD: _____

Counseling: _____

Other: _____

☐ Attached is proof from Medical Professional and/or Treatment agency of days & hours of treatment

5. Does another licensed driver live in your home? ☐ Yes ☐ No

If no, circle the day of the week and write a 3-hour timeframe below for personal errands

Mon – Tues – Wed – Thurs – Fri – Sat – Sun Timeframe: _____

6. Other:

Name: _____

Address: _____

Phone Number: _____

Please explain: _____

Signature of Defendant/Attorney

Revision Date: 07.03.2025