

CAUSE NO. \_\_\_\_\_

§ IN THE JUSTICE COURT

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PRECINCT 2

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\_\_\_\_\_  
PETITIONER

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HENDERSON COUNTY, TEXAS

### PETITION FOR OCCUPATIONAL LICENSE

I, \_\_\_\_\_, seek an occupational driver's license from this court based on the information provided below. *(You must swear that the information you provide in this petition is true and correct. Failure to provide true and accurate information may result in criminal penalties.)*

#### Section One – General Information.

My name is: \_\_\_\_\_.

My date of birth is: \_\_\_\_\_.

I am a resident of \_\_\_\_\_ County, Texas.

My home address is:

\_\_\_\_\_  
\_\_\_\_\_.

My mailing address *(if different than above)* is:

\_\_\_\_\_  
\_\_\_\_\_.

Driver's License Number and Issuing State/Country:

\_\_\_\_\_  
I do not have a driver's license issued by any state or country.

I am employed or looking for work, and my occupation is \_\_\_\_\_.

I am a student at \_\_\_\_\_.

I am the primary caretaker of \_\_\_\_\_ dependents who cannot drive.

I have been ordered by a magistrate or other court order 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 been convicted more than once in the 10 years before the date of this petition of an offense under Sections 49.04-49.08 of the Penal Code.

**Section Two – Reason(s) for Driver’s License Suspension/Revocation/Cancellation.**

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 suspended due to an unpaid civil judgment (issued in \_\_\_\_\_ County) related to a car wreck.

My driver’s license has been revoked for failure to pay child support in \_\_\_\_\_ County.

My driver’s license has been suspended as the result of a conviction for a criminal offense. *(Please provide information regarding this offense, including the name and county of the court in which you were convicted, the cause number, and the type of offense, below.)*

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My driver’s license has been suspended or revoked by DPS for the following reason:

I previously obtained an occupational driver’s license and it was revoked by a court in \_\_\_\_\_ County for the following reason:

My driver’s license has been suspended, revoked, or cancelled as the result of a physical or mental disability.

My driver’s license has been suspended, revoked, or cancelled for another reason, described below (if applicable, include the county where the incident occurred that led to the suspension/cancellation/revocation):

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**Section Three – Essential Need.**

*(Note: 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: 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; for transportation in pursuit of a trade or occupation; for transportation to and from an educational facility in which the person is enrolled; or in the performance of essential household duties.” To demonstrate an essential need to operate a motor vehicle, you may attach additional documentation, such as a letter from your employer. If you attach additional documentation, be sure to check the appropriate box in Section Five of this petition.)*

I am seeking this occupational license to *(check all that apply)*:

- Travel to and from my place of work;
- Perform the duties of my job;
- Travel in pursuit of a trade or occupation;
- Travel to and from school; or
- Perform essential household duties.

I am **not** seeking an occupational license to drive a commercial motor vehicle.  
(\*A commercial driver’s license holder is eligible for an occupational license to drive non-commercial motor vehicles.)

The following are addresses and descriptions of all destinations where I am requesting to travel with my occupational license:

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To reach the destinations described above, I must travel to or through the following Texas counties *(please fully describe all counties and routes traveled)*:

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Below, I have fully described all public transportation options within one mile of any destination described above, including my home, place of work, school, or place where I

perform essential household duties. *(Public transportation options may include bus service, rail service, rural automobile service, ride-sharing services, etc.)*

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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.)*

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I own a bicycle or other means of non-motorized conveyance, described below.

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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:

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Tuesday:

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Wednesday:

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Thursday:

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Friday:

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Saturday:

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Sunday:

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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.)*

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My job duties include automobile travel. My employer requires me to travel by automobile to perform the following tasks:

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I travel in pursuit of a trade or occupation as follows:

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I perform the following essential household duties:

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To perform the essential household duties described above, I must travel by automobile during the following hours on the following days of the week *(check all that apply)*:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

**Section Four – Additional Documents.**

I have obtained evidence of financial responsibility (*automobile liability insurance*), SR-22 (if required by DPS), or that I am covered by insurance carried by another party at all times while driving. The evidence is attached to my petition.

I have attached a Type AR certified abstract of my driving record to this petition. (*Note: the court cannot grant your petition without reviewing your driving record.*)

I have attached documents demonstrating my essential need to operate a motor vehicle.

I have attached other documents, which are described below:

\_\_\_\_\_.

Petitioner requests that the court grant this Petition for Occupational License, and send a certified copy of this Petition, along with its order granting petitioner’s occupational license, to the Texas Department of Public Safety.

\_\_\_\_\_  
Petitioner’s Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Last 4 of SSN

**SWORN TO AND SUBSCRIBED** before me on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
CLERK OF THE JUSTICE COURT OR NOTARY