

Occupational Driver's License

Use these instructions & forms if:

- your license was suspended or revoked and you qualify to drive a non-commercial vehicle under restriction for work, school, or to perform essential household duties.

This packet includes:

1. Instructions for an Occupational Driver's License
2. Petition for Occupational Driver's License
3. Order for Occupational Driver's License
4. Statement of Inability to Afford Payment of Court Costs

Note: You may not need all of the forms listed or you may need additional forms. Get more information at www.TexasLawHelp.org. Talk to a lawyer if you have questions.

Instructions & Forms for an Occupational Driver's License

Warning: *The information and forms in this guide are not a substitute for the advice and help of a lawyer*

Checklist Steps

Step 1: Check the status of your license to see if you really need to get an Occupational Driver's License (ODL) or if you can reinstate your license at www.Texas.gov/driver.

Sometimes people think they need an Occupational Driver's License when they could just reinstate their license.

Before asking the court for an ODL, check your license eligibility status at www.Texas.gov/driver. Click on "Drivers License Reinstatement and Status."

This free site will tell you if you can drive with your current license and, if not, what you need to do to become eligible. If you are not eligible, the website will tell you:

- The requirements to meet.
- The fees you need to pay.

You can pay fees on this website and get information on how to mail proof that you met the compliance requirements to DPS. Keep checking the website because it is updated daily.

You can also call the Texas Department of Public Safety (DPS) to check your eligibility/qualifying status at 512-424-2600 (English) and 512-424-7181 (Español)

Be careful! Recent court actions, out-of-state violations, and AG-reported child support arrearages may not be reflected in your current eligibility status.

Step 2: Check to see if you qualify for an ODL.

Even if you get a court order for an Occupational Driver's License, DPS cannot issue one if:

- You lost your driving privileges for a medical condition.
- You lost your driving privileges because you owe child support.
- You have received two ODLs after a conviction in the past 10 years.

- You don't qualify to get a Texas driver's license because you are in the United States unlawfully. The documents to verify that you are a citizen or that you are in the United States lawfully are listed on the [Texas DPS website](#).

☐ **Step 3: Gather the forms and information you need to ask the Court to order DPS to issue you an ODL.**

- Two court forms:
 1. The [Petition for Occupational Driver's License](#) asks the Court to issue an order.
 2. The [Order for Occupational Driver's License](#) orders DPS to issue you an ODL. (make sure to scroll down for the Order once you click the link. The Order starts on page 6 of the 10 page PDF document.)

[Get forms for the Petition and the Order here.](#)

- Certified Abstract (Type AR) of your driving record:
- Be careful: To get your certified Abstract online, you MUST verify that ALL of your DPS records (DL, ID or unlicensed record) have been **CONSOLIDATED** or you risk purchasing incomplete information and may need to purchase additional records.

If you have determined that your records are consolidated, you may purchase your driving record online, with a credit card and print it out. The online cost is \$22. You will need to enter your driver's license number and license audit number from your most recent DL (or ID, if your records are **CONSOLIDATED**) and the last four digits of your social security number

at: www.dps.texas.gov/DriverLicense/driverrecords.htm

To get a Certified Abstract by mail, print the DR-1 form called "Request for a Certified Abstract of a Driver Record"

from www.dps.texas.gov/DriverLicense/driverrecords.htm

Mail the completed form and a \$20 check or money order to Texas DPS. This form does not require the audit number or your social security number.

- Proof that you need to drive to go to work, school, or perform essential household duties, etc. Examples of proof: your school schedule or

registration, a current pay stub, a letter from your job, or an affidavit (sworn statement) explaining your need to drive.

- SR-22 proof of insurance from your insurance company. Get the SR-22 (also called a “Financial Responsibility Certificate”) from your insurance company. The SR-22 proves that you have the minimum liability insurance required by law. If you don’t own a vehicle, you can get a Texas Non-Owner SR-22 Insurance Policy. Your insurance company will tell DPS if the SR-22 coverage lapses, terminates or is cancelled—and then your ODL will be revoked.
- [Statement of Inability to Afford Payment of Court Costs](#). Fill out this form only if you have a low-income, receive public assistance because you have a low income, or cannot pay the court filing fee. Read [Court Fees & Fee Waivers](#) for more information.

Step 4: File your forms with the Clerk of the Court.

When you file your Petition for Occupational Driver's License with the Court you are asking the court to order DPS to issue you an Occupational Driver’s License.

- If your license was automatically suspended or canceled following a conviction, file the Petition in the same court that convicted you.
- If your license has not been suspended or canceled following a conviction, file the Petition in the county where you live or where the offense that is currently suspending your license occurred. You may have a choice between filing in District Court, County Court-at-Law or Justice of the Peace (JP) court. If so, you may want to research local procedures, court costs, and court scheduling to decide which court is best for your situation.

Ask the court clerk when you should come back for the hearing. You may need to schedule a time for your hearing.

Step 5: Go Court to ask the Judge to sign the Order.

When you go to Court, **bring**:

- The Order for Occupational Driver’s License form. Fill out all but the restrictions and the judge’s signature.

- A Certified Abstract of your full driver record (Type AR).
- The SR-22 from your insurance company.
- Some courts may require a copy of the court order suspending your license and/or the notice of suspension from DPS.
- Proof that you need to drive.
- A copy of the filed Petition.

Note: If you filed a form to request the court filing fees be waived, the court may require proof of income & expenses.

At the hearing:

- The judge reviews your Petition and other paperwork. Then the judge decides whether to sign the Order granting an occupational license.
- If the judge signs the order, he/she will mark the restrictions as to when and where you can drive.
- After the judge signs your order, get a certified copy of your filed Petition and at least two certified copies of the Order from the clerk.

You may use a certified copy of the Order for Occupational Driver's License to drive for **45 days** after the order takes effect. Read your order to learn when it takes effect. **See the FAQs about waiting periods.**

If you don't receive your ODL from TxDPS before the 45th day you can't drive until you either receive the ODL or go back to court to get an Amended Order for ODL that extends the deadline.

Step 6: If the Judge signs the order, mail the paperwork and fees to DPS right away.

A court's occupational driver's license Order is not the license itself. Rather, it is a court order telling the Texas Department of Public Safety (DPS) to issue an occupational driver's license to you.

After you get the court Order, you must contact DPS to get the actual occupational driver's license.

Mail the following documents to DPS as soon as possible!

- a certified copy of your Petition for ODL

- a certified copy of the Order for ODL that was signed by the Judge
- your SR-22 proof of insurance certificate,
- A check, money order or cashier's check payable to the Texas DPS for the Occupational License fee. Send \$10 for a 1-year license or \$20 for a 2-year license.
- A check, money order or cashier's check made out to the Texas Department of Public Safety for the amount you owe in reinstatement fees, if any. Go to www.Texas.gov/driver or call DPS at 512-424-2600 to find out what you owe.

Mail all the documents together by certified mail return receipt requested (so that you have proof you mailed them) to:

*Texas DPS Central Cash Receiving
Box 15999
Austin, Texas 78761-5999*

NOTICE: THIS FORM CONTAINS SENSITIVE DATA

EX PARTE

Cause No. _____

The clerk fills out the Cause No.

In the (check one):

_____ District

Court Number County

Justice Court of:

_____ County, Texas

Print full name

Petition for Occupational Driver's License

Print your answers:

My name is: _____.

First

Middle

Last

I am the Petitioner, and I am asking the court for an Occupational Driver's License.

I understand that this license will **not** allow me to drive a **commercial vehicle** that requires a Commercial Driver's License under Chapter 522 of the Texas Transportation Code.

I am **not** represented by an attorney in this request for an Occupational Driver's License. I ask the Court to consider the information I have provided below.

Upon approval of this request, I ask the Court to order the Clerk to send a certified copy of the Petition and the court Order to the Texas Department of Public Safety.

I. Petitioner's Personal Information

1. Home address: _____
_____ Street address City
_____, Texas
_____ County ZIP

2. Mailing address (if different): _____
_____ Mailing address City
_____, Texas
_____ County ZIP

3. Phone number: _____

4. Email address: _____

5. Date of birth: _____
Month Day Year

6. The last four digits of my Social Security Number are ____ _ .

7. Jurisdiction: (Check all that apply.)

- I reside in this County.
- The incident for which my license was suspended, canceled, or revoked occurred in this county.
- This Court convicted me of an offense that, under Texas law, resulted in an automatic suspension, cancellation, or revocation of my license.
- My license was suspended, canceled, or revoked due to another court, located in this county, submitting an order to DPS. The court that made the order is the District County Justice Other _____ Court of _____, Texas.
Other type of court County

II. Driver's License Information

8. Check all that apply and fill in the blanks:

- I have never had a Texas Driver's License.
- My Texas Driver's License # is: _____ .
Expiration date: _____
Month Day Year
- My non-Texas Driver's License was issued by the state of _____ .
My Driver's License number is _____ .
Expiration date: _____
Month Day Year

9. Check Yes or No for each:

My license is canceled, suspended, or revoked because of a physical or mental disability.

Yes No

My license is canceled, suspended, or revoked for non-payment of child support.

Yes No

DPS has determined that I am incapable of safely operating a motor vehicle.

Yes No

III. Notice to the State If Applicable

10. If any of the following apply, the Clerk of the Court must give the State notice of this Petition as required by the Texas Transportation Code section 521.243(a).

(Check all that apply and fill in the blanks.)

- A. My license is suspended, canceled, or revoked under Transportation Code section 521.342. (Person under 21 convicted of certain drug or alcohol charges.)

Convicted on _____ in _____, _____.
Month Day Year Court of Conviction County of Conviction

- B. My license is suspended, canceled, or revoked because I was convicted of:
(Check all that apply and fill in the blanks.)

- a. Criminally Negligent Homicide *Penal Code 19.05*
- b. Driving While Intoxicated *Penal Code 49.04*
- c. Driving While Intoxicated with Child Passenger *Penal Code 49.045*
- d. Flying While Intoxicated *Penal Code 49.05*
- e. Boating While Intoxicated *Penal Code 49.06*
- f. Assembling or Operating an Amusement Ride While Intoxicated *Penal Code 49.065*
- g. Intoxication Assault *Penal Code 49.07*
- h. Intoxication Manslaughter *Penal Code 49.08*

Convicted on _____ in _____, _____.
Month Day Year Court of Conviction County of Conviction

In addition, the Court may notify the attorney representing the State of any hearing on this Petition for Occupational Driver License.

IV. Prior History

11. My license is suspended, canceled, or revoked because: (Check all that apply and fill in the blanks.)

- A. I was arrested on _____ (arrest date) and an analysis of my breath sample or blood sample registered above 0.08.
- B. I was arrested on _____ (arrest date) and I refused to give a breath sample or blood sample, as requested.

C. Substance-related loss of license in the past ten years: My license was suspended, canceled, or revoked within ten years prior to the date of the arrest that led to my current suspension, cancellation, or revocation. The previous suspension(s), cancellation(s), or revocation(s) were due to: (Check all that apply.)

refusal to give a breath or blood sample following an arrest for DWI.

giving a sample with a blood alcohol content greater than .08 following an arrest for DWI.

conviction of an alcohol or drug-related offense.

D. This court convicted me of _____ on _____
under cause number _____ . Month Day Year
Cause number

E. A court in _____ (County) ordered the suspension, cancelation, or revocation without convicting me.

F. A Texas court determined that I am a "habitual violator of traffic laws."

G. A Texas court ordered me to go to a Driver Education Program, **and** my license, permit, and/or driving privilege is automatically suspended, canceled, or revoked for 365 days.

H. Other: (If you did not check any of the above, why is your license suspended, canceled, or revoked? Be specific.)

12. I have the following criminal charges pending: (You do not need to list traffic or Class C charges.)

V. Petitioner's Essential Need to Drive

The law requires me to demonstrate to the judge that I have an essential need for an Occupational Driver's License. I ask the Court to consider all of the following information as a demonstration of my essential need:

(Check all that apply and fill in blanks.)

13. Work or essential needs: (Check all that apply.)

I need an Occupational Driver's License to drive to and from my place of work.

Name of Employer #1: _____

Employer's Address: _____

Employer's Telephone: _____

Job title: _____

Days and hours you work: _____

Name of Employer #2: _____

Employer's Address: _____

Employer's Telephone: _____

Job title: _____

Days and hours you work: _____

Name of Employer #3: _____

Employer's Address: _____

Employer's Telephone: _____

Job title: _____

Days and hours you work: _____

I am self-employed as _____

My work address is: _____

Need for an Occupational Driver's License: (Explain) _____

I am in pursuit of employment.

(Explain) _____

I need to go to and/or transport family members to school. (Fill out below.)

School #1 Name: _____

Telephone: _____

Address: _____

School #2 Name: _____ Telephone: _____

Address: _____

Other reasons for which I need to drive: (Explain)

14. My work or essential needs require me to drive throughout the following county or counties:
(List counties where you drive.) _____

15. I request the following driving schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:	____:____ □am □pm						
To:	____:____ □am □pm						

16. I ask the Court to allow me to drive more than four hours of **actual drive time** per day.
(This cannot be more than 12 hours in a 24 hour period.) This is necessary because:
(Explain)

VI. Request for Interlock Exception

17. Check one of the following:

I **do not** ask the court to waive the requirement for an interlock device or no such requirement exists.

I **do** ask the court to waive the requirement for an interlock device due to: (Check all that apply.)

Indigence / Inability to Pay

Physical disability

Other: (Explain) _____

18. An interlock device is not needed for the safety of the community and in the interest of justice should be waived because: (Explain) _____

VII. Request for Waiver of Counseling Requirement

19. Check one of the following:

I **do not** ask the court to waive the substance/drug abuse counseling requirement or there is no such counseling requirement.

I **do** ask the court to waive the requirement for substance/drug abuse counseling due to: (Check all that apply.)

Indigence / Inability to Pay

Physical disability

Other: (Explain) _____

20. Substance and drug abuse counseling is not needed for the safety of the community and in the interest of justice should be waived because: (Explain)

VIII. Attached Documents

I have attached true, accurate, and unaltered copies of the following documents,

Documents attached to this Petition:

(Required) A certified abstract (Type AR) of your driver’s license record. (Can be obtained at: <https://txapps.texas.gov/tolapp/txldrcdr/TXDPSLicenseeManager>)

(Required) An SR22 from your insurance company providing proof of current valid auto liability insurance.

(Required if applicable) Proof of installation of interlock.

(Optional) Additional proof of need to drive. *Examples of proof: A letter from your employer or immediate supervisor on your employer’s letterhead that verifies your work schedule, a current pay stub, school registration with schedule, or your sworn affidavit explaining to the court why you need to drive unless your license is suspended solely based on an intoxication offense under Penal Code 49.04 –49.08 and any vehicle you own or operate must be equipped with an interlock device.*

(Optional) Other: (Explain) _____

IX. Petitioner’s Request to the Court

21. I ask the Court to order the Texas Department of Public Safety to issue me an Occupational Driver’s License to drive for the purposes described above.

22. I ask this Court to order the Texas Department of Public Safety to conduct any and all tests required for the issuance of said Occupational License.

23. I ask the court to schedule a hearing, if one is required.

24. If the Court requires a hearing, I request:

Pursuant to Texas Civil Practice and Remedies Code Section 132.001, an unsworn declaration may be used in lieu of a written sworn declaration, verification, certification, oath, or affidavit required by statute or required by a rule, order, or requirement adopted as provided by law. This provision does not apply to an oath of office or an oath required to be taken before a specified official other than a notary public. An unsworn declaration made under this section must be 1) in writing, 2) signed by the person making the declaration as true under penalty of perjury and 3) in substantially the form used above.

Option #2: Notarization

(This document does not have to be notarized if you completely filled out and signed the Unsworn Declaration Made Under Penalty of Perjury above.)

I swear under penalty of perjury that all information in this Petition is true and correct. I affirm that the attached documents are true and accurate and have not been modified. I understand I could be prosecuted for lying on this form.



Signature of Person Asking for Occupational Driver's License
(Do not sign except in the presence of a notary.)

Date

State of Texas

County of _____
(County where statement is notarized)

Sworn to and subscribed before me, the undersigned authority, on the _____ day of _____, _____ year, by _____.
(Full name of Petitioner.)

Notary Public, State of Texas (Notary's signature)

(Notary's seal)

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Ex Parte

Cause No. _____
The clerk fills out the Cause No.

In the _____ District
Court Number County
 Justice Court of:

_____ County, Texas
Print your full name.

Order for Occupational Driver’s License

On this date, the Court heard Petitioner’s Application for Occupational Driver’s License.

The Petitioner named below appeared in person without an attorney.

<p>The Court finds that notice to the State: (Check one.)</p> <p><input type="checkbox"/> was not required.</p> <p><input type="checkbox"/> was given as required by Texas Transportation Code Section 521.243 and: (Check one.)</p> <p><input type="checkbox"/> the attorney representing the State did not appear.</p> <p><input type="checkbox"/> the attorney representing the State, _____, also appeared.</p>	<p>The Court fills out this box.</p>
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I. Findings

1. The Court finds that Petitioner’s **personal information** is as follows:

a. Name: _____
First Middle Last

b. (Check all that apply and fill in the blanks.)

Petitioner’s Texas Driver’s License Number is _____.

Petitioner’s Texas Driver’s License expiration date is _____.
Month Day Year

Petitioner has never had a Texas Driver’s License.

Petitioner has a non-Texas Driver’s License from _____ with License Number _____.
Non-Texas license number Issuing state

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c. Home address: _____
Street address

City County State ZIP

d. Phone number: _____

e. Email address: _____

f. Date of birth: _____
Month Day Year

2. The Court finds that it has jurisdiction and venue over this case and the Petitioner because:
(Check all that apply and fill in the blanks.)

- Petitioner resides in this County.
- The incident for which Petitioner's license was suspended, canceled, or revoked happened in this County.
- This Court convicted Petitioner of an offense that, under Texas law, resulted in an automatic suspension, cancellation, or revocation of Petitioner's license.
- This Court ordered a suspension, cancellation, or revocation of Petitioner's license that was not the result of a conviction.

3. The Court finds that Petitioner's driver's license is suspended, canceled, or revoked because:
(Check all that apply and fill in the blanks.)

This Court convicted Petitioner of _____
Convicted offense
on _____ under cause number _____ .
Date of conviction Cause number

Petitioner refused to submit to a breath or blood test or submitted a breath or blood test that registered more than 0.08 following an arrest on _____ for: (Check one.)
Date of arrest

Driving While Intoxicated

Other: (Explain) _____

The Texas Department of Public Safety said Petitioner was a habitual violator of traffic laws.

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Other: (Explain) _____

4. The Court finds that Petitioner's driver's license is not denied, suspended, canceled, or revoked because of a physical or mental disability or nonpayment of child support. The Court further finds that the Texas Department of Public Safety has not found Petitioner to be incapable of safely operating a motor vehicle.

5. Term of suspension, cancellation, revocation, or invalidation: (Check all that apply and fill in the blanks.)

The Court finds that the suspension, cancellation, or revocation of Petitioner's license began or begins on or about _____ and ends on or about _____.
Month Day Year Month Day Year

The Court finds that the Petitioner's license is invalid for an indefinite period of time.

6. The Court finds that Petitioner: (Check all that apply and fill in the blanks.)

works for the following employer(s):

Name of Employer #1: _____

Work telephone: _____

Work address: _____

Street address

City

County

State

ZIP

Name of Employer #2: _____

Work telephone: _____

Work address: _____

Street address

City

County

State

ZIP

Name of Employer #3: _____

Work telephone: _____

Work address: _____

Street address

City

County

State

ZIP

works for themselves. Petitioner's occupation is: _____.

Petitioner's work address is: _____

Street address

City

County

State

ZIP

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attends school at or transports family members to the following school(s):

School #1 Name: _____ Telephone: _____

Address: _____

School #1 Name: _____ Telephone: _____

Address: _____

is in pursuit of employment.

has other essential needs to drive: **(Explain)** _____

drives as part of their work and and/or essential needs throughout the following county or counties: _____

7. The court finds that an essential need to drive exists.

The Court fills out the rest of this form. (Check as applicable.)

8. The Court finds that Petitioner has met the following requirements:

a. Providing proof of financial responsibility (SR-22 insurance policy).

b. Providing certified abstract (Type AR) of Petitioner's driver's license record.

c. Filing of the Petition and Order (along with the Statement of Inability to Pay Court Costs, if applicable).

d. Providing proof that they have taken or are taking an approved drug/alcohol counseling course, **or**

Petitioner is aware that they must show proof of taking such a course within the required time period, **or**

no drug/alcohol counseling course is required.

e. Providing proof of having installed an ignition interlock device, **or**

no ignition interlock device is required.

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9. Suspension Due to an Intoxication Offense (Check if applicable.)

- The Court finds that Petitioner’s driver’s license is suspended because of an intoxication offense.

II. Orders

The Court orders that this Petition for Occupational Driver’s License is granted subject to the following restrictions and orders Petitioner to follow all restrictions listed below.

The Court orders the Texas Department of Public Safety to issue an Occupational Driver’s License to Petitioner subject to the following restrictions. The Court further orders the Texas Department of Public Safety to conduct any and all tests required for the issuance of said Occupational License, and, if Petitioner passes all required tests, issue an Occupational Driver’s License to Petitioner subject to the following restrictions.

Restrictions

- **Petitioner must not drive a commercial vehicle with this license.**
- **Petitioner must maintain an SR-22 automobile liability insurance policy for the entire period the Occupational Driver’s License is in effect. Petitioner must be able to provide proof of coverage upon request.**
- **Petitioner must have a certified copy of this Order with them at all times while driving and must allow a peace officer to examine the Order when requested.**

The Court also orders the restrictions checked below: (Check all that apply.)

A. Drug and Alcohol Related Restrictions

Ignition Interlock Device: (Check one, if applicable.)

- Any vehicle owned or operated by the Petitioner **must** be equipped with a working ignition interlock device (“breathalyzer”) in accordance with Texas Transportation Code Section 521.2465, **or**
- the Court finds that an ignition interlock device is not needed for the safety of the community and is waived in the best interest of justice, **or**
- an ignition interlock device is not statutorily required.
- Petitioner **must** submit to periodic testing for alcohol or controlled substances as follows:

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Drug and Alcohol Counseling: (Check one, if applicable.)

Petitioner **must** attend the alcohol/drug counseling program listed below and give the court clerk proof of attendance within _____ days of this order.

Program: _____

or

The Court waives the requirement for an alcohol/drug counseling program based on a showing of good cause.

B. Restrictions when an Ignition Interlock Device Is Not Required

Petitioner may only drive in the counties listed here:

Petitioner **must** only drive to and from work or school and for essential duties, including medical appointments, court appointments, attorney appointments probation office meetings, and any supervision, education, counseling, or other essential needs authorized by this court.

Petitioner **must not** drive more than: (Check one.)

four hours in any 24 hour period.

12 hours in any 24 hour period. The Court specifically finds that Petitioner needs to drive more than four hours and orders that the four hour limitation is waived.

Petitioner **must** only drive on the days and at the times listed below:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:	____:____ □am □pm						
To:	____:____ □am □pm						

Petitioner **must** always keep a logbook in any car Petitioner drives. Petitioner must correctly record in the logbook all dates and times Petitioner drives and the destination and reason for each trip. Petitioner must show this logbook to any law enforcement officer upon demand.

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C. Other Restrictions

Petitioner **must not** refuse any lawful request by law enforcement for a sample of Petitioner's breath or blood if stopped for Driving While Intoxicated.

Petitioner **must** submit to community supervision as follows:

Additional Restrictions: _____

III. Date this Order Takes Effect

The Court Clerk shall send a certified copy of the Petition and the court Order setting out this Court's findings and restrictions to the Texas Department of Public Safety.

This Order takes effect on: (Check one and write in the date, if applicable.)

the date this Order is signed by the Court.

Other date: _____
Month Day Year

If all driver testing requirements have been met, Petitioner may use a certified copy of this Order as a restricted license only for 45 days, beginning on the date this Order takes effect.

IV. Date this Order Ends

Unless revoked by the Court, this Order for Occupational Driver's License remains valid through: (Check one and write in the date, if applicable.)

The date on which Petitioner's current driver's license suspension, cancellation, or revocation ends: _____
Month Day Year

Other date: _____
Month Day Year

V. Warnings to Petitioner

It is a **misdemeanor offense** for you to violate any of the driving restrictions listed above, punishable by fine, jail, and loss of your Occupational Driver's License.

It is a **misdemeanor offense** for you to drive without a certified copy of this order in your possession, punishable by fine, jail, and loss of your Occupational Driver's License.

Violations of these driving restrictions may be considered a violation of community supervision.

It is a **misdemeanor offense** to drive a commercial vehicle with this Occupational Driver's License, punishable by fine and/or jail, as well as loss of your Occupational Driver's License.

The Court may revoke this Order, at any time, for good cause.

This Order and your Occupational Driver's License are automatically revoked if you are convicted of violating any of the restrictions listed above **or** convicted of driving without a certified copy of this Order in your possession.

If all driver testing requirements have been met, you may use a certified copy of the Order to drive for 45 days only, **beginning on the date this Order takes effect.**

If you do not receive your Occupational Driver's License from the Texas Department of Public Safety (DPS) before the 45th day after the date this Order takes effect, you must not drive until you receive your Occupational Driver's License from Texas Department of Public Safety or come back to court to get an Amended Order for Occupational Driver's License that extends the 45-day time period.

If this Order includes a finding of an essential need to drive, and the places, reasons, days or times that you need to drive change, you must come back to Court to get an Amended Order for Occupational Driver's License that reflects those changes.

Signed On: _____

By: _____
Judge's Signature

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Note to law enforcement: (Check one.)

- An ignition interlock device **is** required for this Occupational Driver's License.
- An ignition interlock device **is not** required for this Occupational Driver's License.

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AVISO: ESTE DOCUMENTO CONTIENE INFORMACIÓN CONFIDENCIAL



Statement of Inability to Afford Payment of Court Costs or an Appeal Bond

Declaración sobre Incapacidad de Pago de Costas de Tribunal o de una Fianza de Apelación

Cause Number
Número de Caso

The Clerk's office will fill in the Cause Number when you file this form.

El Secretario del Tribunal anotará el Número de Caso cuando usted presente este formulario.

v.

Copy information listed at the top left of the petition here.

Copie aquí la información ubicada en la parte superior izquierda del escrito de la demanda.

Copy information listed at the top right of the petition here.

Copie aquí la información ubicada en la parte superior derecha del escrito de la demanda.

Court Number
Número del Tribunal

_____, Texas
County
Condado

- District Court
Tribunal de Distrito
- County Court
Tribunal del Condado
- County Court at Law
Tribunal Estatutario
- Justice Court
Juzgado de Paz
- Probate Court
Juzgado Sucesorio

1. Your Information / Su Información

- My full legal name is / Mi nombre legal completo es

First Middle Last / Nombre de Pila Segundo Nombre Apellido

- My date of birth is / Mi fecha de nacimiento es

Month Day Year / Mes Día Año

- My address is / Mi dirección es

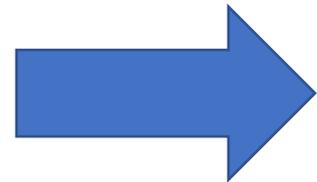
Home / Domicilio _____

Mailing / Dirección Postal _____

- My phone number / Mi número telefónico _____

- My email I check often / Mi correo electrónico que reviso con frecuencia

Go to next page



Pase a la siguiente página

2. About My Dependents / Mis Dependientes

“The people who depend on me financially are listed below.” **Use initials only for children under 18.** If needed, attach a separate piece of paper to list more dependents.

“Las personas a continuación dependen económicamente de mí.” **Use iniciales para los menores de 18 años** y, si es necesario, anexe una hoja por separado para enumerar a todos sus dependientes.

Name Nombre	Age Edad	Relationship to me Parentesco Conmigo

3. Are you represented by Legal Aid? ¿Está siendo representado por alguna entidad de asistencia legal?

Check only one box. Seleccione solo una casilla.

I am being represented in this case for free by an attorney who works for a legal aid provider or who received my case through a legal aid provider. I have attached the certificate the legal aid provider gave me as “Exhibit: Legal Aid Certificate.”

Me está representando gratuitamente un abogado que trabaja para una entidad de asistencia legal o que recibió mi caso de una entidad de asistencia legal. El certificado que la entidad de asistencia legal me entregó lo adjunto bajo el título, “Anexo: Certificado de Asistencia Legal.”

or / o

I am not represented by legal aid.

No me está representando ninguna entidad de asistencia legal.



4. Public Benefits / Beneficios de Asistencia Pública

- Do you or any of your dependents receive public benefits?
¿Recibe usted o sus dependientes beneficios de asistencia pública?

Yes / *Sí*

No / *No*

- If you answered yes, check all that apply and attach proof to this form, such as a copy of an eligibility form or check.

Si respondió con un Sí, marque todas las casillas que apliquen y adjunte a este formulario comprobantes, tales como una copia de la carta autorizando que reciba estos beneficios o una copia del cheque que recibe.

Food stamps/SNAP
Cupones de comida/SNAP

TANF

Medicaid

CHIP

SSI/SSDI

WIC

Lifeline

Public Housing or Section 8 Housing
Asistencia de Vivienda / Programa de Vivienda bajo Sección 8

Low-Income Home Energy Assistance
Asistencia con Energía Eléctrica

Community Care via HHS
Ayuda Comunitaria bajo HHS

LIS in Medicare (“Extra Help”)
Subsidio Adicional de Medicare bajo el Programa LIS

Needs-based VA Pension
Pensión para Veteranos de Guerra en función a necesidades

Child Care Assistance under Child Care and Development Block Grant
Asistencia con Guardería bajo el Programa CCDBG

County Assistance, County Health Care, or General Assistance (GA)
Asistencia del Condado, Asistencia Médica del Condado, o Asistencia General (GA)

Other / *Otros beneficios*

Other / *Otros beneficios*



5. What are your monthly income sources? ¿Cuáles son sus fuentes de ingresos mensuales?

➤ My **take-home** pay is \$_____ in monthly wages.

Mi **pago neto** es \$_____ en sueldo mensual.

➤ I work as a _____ (your job title) for _____ (your employer).

Yo trabajo como _____ (título de su puesto) para _____ (compañía o jefe).

➤ \$_____ is my total **monthly** income / son mis ingresos totales **al mes**.

These are my income sources. Estas son mis fuentes de ingresos.

➤ \$_____ in unemployment / en beneficios de desempleo.

I have been unemployed since _____ (date).

He estado desempleado desde _____ (indique fecha).

➤ \$_____ in public benefits / en beneficios de Asistencia Pública.

➤ \$_____ from people in my household other than my spouse / de ingresos de otras personas en mi hogar que no son de mi cónyuge.

➤ \$_____ from retirement or pension / de jubilación o pensión.

➤ \$_____ from tips or bonus / de propinas o bonos.

➤ \$_____ from disability / de discapacidad.

➤ \$_____ from worker's comp / de compensación al trabajador.

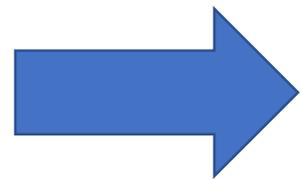
➤ \$_____ from social security / de seguro social.



- \$ _____ from military housing / de vivienda militar.
- \$ _____ from dividends, interest, or royalties / de dividendos, intereses, o regalías.
- \$ _____ from child or spousal support / de manutención de menores o manutención conyugal recibida.
- Answer only if your spouse is not your opponent. Responda tan sólo si su ccónyuge no es parte contraria en esta causa legal. \$ _____ from my spouse's income / de ingresos de mi cónyuge.
- \$ _____ from other jobs/sources of income / de otros trabajos/ fuentes de ingresos.

Describe / describa:

Go to next page



Pase a la siguiente página

6. What is the value of your assets or property? ¿Cuál es el valor de sus bienes o propiedades?

My property includes: Mis bienes incluyen:	Value / Valor
	<p>The value is the amount the item would sell for less the amount you still owe on it, if anything.</p> <p>El valor de sus bienes es la cantidad por la que la propiedad o pertenencia se vendería, menos el monto que aún se adeuda, si lo hubiera.</p>
➤ Cash Dinero en efectivo	\$
➤ Bank accounts, other financial assets Cuentas bancarias, otros bienes financieros	
	\$
	\$
	\$
➤ Cars and boats (make and year) Automóviles, lanchas (modelo y año)	
	\$
	\$
	\$
➤ Other property like jewelry, stocks, land, a second house. (Do not list your homestead.) Otros bienes como joyas, acciones, terrenos, una segunda casa. (No indique su hogar familiar.)	
	\$
	\$
	\$
Total Value of Property Valor Total de Sus Bienes	\$0



**7. What are your monthly expenses that are not deducted from your paycheck?
¿Cuáles son sus gastos mensuales que no son descontados de su cheque de sueldo?**

My monthly expenses are: Mis gastos mensuales son:	Amount Cantidad
➤ Rent/house payments; maintenance Alquiler/hipoteca; mantenimiento de casa	\$
➤ Food and household supplies Alimentos y artículos para el hogar	\$
➤ Utilities and telephone Luz, gas, agua y teléfono	\$
➤ Clothing and laundry Ropa y lavado de ropa	\$
➤ Medical and dental expenses Gastos médicos y dentales	\$
➤ Insurance (life, health, auto, etc.) Seguros (de vida, médico, de automóvil etc.)	\$
➤ School and childcare Escuelas y guarderías	\$
➤ Transportation, auto repair, gas Transportación, reparaciones de automóviles, gasolina	\$
➤ Child/Spousal support Manutención a Menores/Manutención Conyugal	\$
➤ Debt payments to (list): Pagos por deudas hechas a (indíquelos):	
	\$
	\$
➤ Wages withheld by court order Sueldo retenido por orden judicial	\$
➤ Other expenses (list): Otros gastos (indíquelos):	
	\$
	\$
Total Monthly Expenses Gastos Totales Mensuales	\$ 0



**8. Are there debts or other facts explaining your financial situation?
¿Hay deudas u otros factores que expliquen su situación económica?**

My debts include (list debt and amount owed):

Mis duedas incluyen (indique deuda y la cantidad que debe):

	\$
	\$
	\$
	\$
	\$

If you want the court to consider other facts, such as unusual medical expenses, family emergencies, etc., attach another page to this form labeled "Exhibit: Additional Supporting Facts."

Si usted desea que el tribunal considere otros factores, tales como gastos médicos excepcionales, emergencias familiares, etc., adjunte al formulario otra hoja con esta información y bajo el título, "Anexo: Información Adicional de Apoyo."

9. Ability to Pay Court Costs. Declaración sobre su Habilidad de Pagar Costas de Tribunal

Check only one box. Seleccione tan solo una casilla.

- I cannot afford to pay court costs. No puedo pagar las costas de tribunal.
- I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision, and I cannot afford to pay court costs.

No puedo aportar una fianza de apelación ni pagar un depósito en efectivo para apelar la decisión judicial de un magistrado, y no puedo pagar costas de tribunal.

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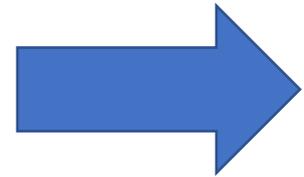
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10. Declaration/Affidavit. Declaración Escrita Bajo Juramento.

Fill out **only one** box. If you fill out the Declaration, you will not need to sign the form in front of a notary public. If you do not want to list your address for privacy or safety concerns, take the form and photo identification, and fill out the Affidavit box in front of a notary public.

Llene tan **solo una** opción. Si usted llena la Declaración, no necesitará firmar el formulario ante un notario. Si usted no quiere que aparezca su domicilio en el documento para conservar su privacidad o por motivos de su seguridad, lleve el formulario y una identificación con fotografía y llene la sección de la Declaración Escrita Bajo Juramento ante un Notario.

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Pase a la siguiente página

Option 1 / Opción 1

Declaration: I declare under penalty of perjury that the foregoing is true and correct.

Declaración: Yo declaro bajo pena de perjurio que la información a continuación es correcta y verdadera.

➤ My name is / Mi nombre es

➤ My date of birth is / Mi fecha de nacimiento es

____/____/____

➤ My address is / Mi domicilio es

Street, city, zip, country

Calle y número, ciudad, estado, código postal, país

➤ _____

Signature
Firma

➤ _____

Date (month, day, year)
Fecha (mes, día, año)

➤ _____

County, state
Condado, estado

Go to next page



Pase a la siguiente página

Option 2 / Opción 2

Affidavit: I swear under penalty of perjury that the foregoing is true and correct.

Declaración Escrita Bajo Juramento: Yo juro bajo pena de perjurio, que lo que precede es correcto y verdadero.

You fill out this section.
Usted llena esta sección.

➤ _____
Your printed name
Su nombre en letra de molde

➤ _____
Your signature
Su firma

The notary fills out this section.
El Notario llena esta sección.

➤ _____
Subscribed before me this day of
Juramentado y suscrito ante mí el día de hoy del mes de

_____, 20____

NOTARY
NOTARIO

