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| Name, Address, Phone # & State Bar # of Attorney or Party without Attorney  | FOR COURT USE ONLY                              |
| Attorney for:<br>SUPERIOR COURT, STATE OF CALIFORNIA<br>YOLO COUNTY<br>725 Court Street, #111<br>Woodland, California 95695<br>530/666-8050 |   |
| Plaintiff(s): PEOPLE OF THE STATE OF CALIFORNIA   | Case Number:                                    |
| Defendant(s):   | PETITION FOR RESTRICTED<br>LICENSE (VC 13202.5) |

I, the undersigned, say that:

1. I am the defendant in the above-entitled action.
2. My date of birth is \_\_\_\_\_.
3. My driver's license number is \_\_\_\_\_.
4. I was convicted of a violation of Section \_\_\_\_\_ of the California Vehicle Code on \_\_\_\_\_ and consequently my driving privilege was suspended for one year because I was under the age of 21.
5. My driving privilege is not suspended at this time for any other reason.
6. I have a critical need to drive as follows:

I am attending school and the transportation available is inadequate for my regular attendance.

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

Course of study: \_\_\_\_\_

Dates & times of attendance: \_\_\_\_\_

**I have attached a signed statement from the school principal or administrator verifying the above facts. I understand that if I am granted a restricted license for this purpose I will be restricted to operating a motor vehicle from my residence to the school and returning to my residence from school.**

The transportation available is inadequate and my operation of a vehicle is necessary due to illness of a family member.

**I have attached a signed statement from a physician familiar with the condition of the ill family member. That statement contains a diagnosis and probable date when the patient will be sufficiently recovered. I understand that if I am granted a restricted license for this purpose I will be restricted to operating a motor vehicle only for the purpose of transporting my ill family member to and from medical care.**

I am employed and the income from my employment is essential to the support of my family. Transportation is inadequate and the use of a motor vehicle is necessary for me to continue my employment.

Current employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Occupation: \_\_\_\_\_

I support the following people: \_\_\_\_\_

Hours of employment: \_\_\_\_\_

I also need to drive during my employment because: \_\_\_\_\_

**I have attached a signed statement from my parent or guardian that explains why I need to drive to work to help support my family. I understand that if I am granted a restricted license for this purpose I will be restricted to operating a motor vehicle from my residence to my work and returning to my residence from my work. In some cases, I may be allowed to drive while I am working, but only if driving is a necessary part of my employment.**

7. I request that the judge also consider the following information in determining if I have a critical need to drive.

\_\_\_\_\_

8. Wherefore, I request the court to authorize a restricted license permitting me to drive as indicated above.

I declare under penalty of perjury of the State of California that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2000 at \_\_\_\_\_, CA.

\_\_\_\_\_  
Petitioner

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### ORDER OF THE COURT

The foregoing petition is:

DENIED – No critical need has been shown

GRANTED – DMV to issue a license restricted as follows:

\_\_\_\_\_

\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
JUDGE

**WARNING: THIS ORDER DOES NOT AUTHORIZE YOU TO DRIVE. YOU MUST GO TO DMV AND APPLY FOR A RESTRICTED LICENSE.**