S. HE STATE (DF TEXAS	- * * * * * * FOR OCCUPATIO	IN THE JUSTIC PRECINC TARRANT COU	T SIX	
HE STATE (DF TEXAS	*	PRECINC	T SIX	
S. HE STATE (DF TEXAS	*			
HE STATE (*			
HE STATE (TARRANT COU	NTY, TEXAS	
SWEAR UN	<u>PETITION</u>	OR OCCUPATIO			
SWEAR UN			ONAL DRIVER'S LICEN	<u>NSE</u>	
	IDER OATH THAT THE INFO	RMATION I PROVI	IDE IN THIS PETITION	IS TRUE AND CORRECT.	
∕ly name is	<u>.</u>				
	First	Middle		Last	
	itioner, and I am asking the	·	pational Driver's Licen	ise. Thereby ask the Co	urt to
onsider the	e information I have provide	d below.			
etitioner's	Personal Information:				
 Hor 					
	ne address:ling address, if different from				
	ling address, if different from	m above:			
 2. Mai 	ling address, if different fron	m above:			
2. Mai	ling address, if different from	m above:			
2. Mai 3. Ema 4. Pho	ling address, if different from	m above:			
2. Mai 3. Ema 4. Pho 5. Dat	ling address, if different from ail: ne numbers: <i>Cell</i> e of birth:	m above:	Work	Home	
2. Mai 3. Ema 4. Pho 5. Dat 6. Driv	ling address, if different from hil: ne numbers: Cell e of birth: ver's license number:	m above:	WorkState:	Home	
2. Mai 3. Ema 4. Pho 5. Dat 6. Driv 7. Was	ling address, if different from ail: ne numbers: cell e of birth: ver's license number: s your license suspended be	m above:	WorkState:	Home Use No	
2. Mai 3. Ema 4. Pho 5. Dat 6. Driv 7. Was 8. Hav	ling address, if different from hil: ne numbers: Cell e of birth: rer's license number: s your license suspended bee	m above:cause of a physica	Work State: or mental disability? enses in the last 10 yea	Home Yes No ars? Yes No	
2. Mai 3. Ema 4. Pho 5. Dat 6. Driv 7. Was 8. Hav 9. Wh	ling address, if different from sail:	cause of a physica	Work State: I or mental disability? enses in the last 10 year	Home Yes No ars? Yes No ck all that apply):	
2. Mai 3. Ema 4. Pho 5. Dat 6. Driv 7. Was 8. Hav 9. Wh	ling address, if different from ail:	cause of a physica tional driver's lice uspended, revoke	Work State: I or mental disability? Inses in the last 10 yeared or cancelled? (Check	Home Yes No ars? Yes No ck all that apply):	
2. Mai 3. Ema 4. Pho 5. Dat 6. Driv 7. Was 8. Hav 9. Wh	ling address, if different from ail:	cause of a physica tional driver's lice uspended, revoke	Work State: I or mental disability? enses in the last 10 yea ed or cancelled? (Chec n I was arrested foron	Home Yes No ars? Yes No ck all that apply):	
2. Mai 3. Ema 4. Pho 5. Dat 6. Driv 7. Was 8. Hav 9. Wh □ I dic	ling address, if different from ail:	cause of a physica tional driver's lice uspended, revoke	Work State: I or mental disability? enses in the last 10 yea ed or cancelled? (Chec n I was arrested foron	Home Yes No ars? Yes No ck all that apply):	
2. Mai 3. Ema 4. Pho 5. Dat 6. Driv 7. Was 8. Hav 9. Wh I did This	ling address, if different from ail: ne numbers: cell e of birth: er's license number: s your license suspended been ay was your Driver's License sy was your Driver's License sy court convicted me of exas court said I am a "habite exas court ordered me to go	cause of a physica tional driver's lice uspended, revoke is requested, whe	Work State: I or mental disability? Inses in the last 10 year and or cancelled? (Check on I was arrested for on ffic laws" on (date): tion Program, and my	Home Yes No ars? Yes No ck all that apply):	
2. Mai 3. Ema 4. Pho 5. Dat 6. Driv 7. Was 8. Hav 9. Wh □ I dio □ This □ A Te priv	ling address, if different from ail:	cause of a physica tional driver's lice uspended, revoke is requested, where to a Driver Education and to a Driver Education and to a Driver Education and to a Briver Education and to a Briver Education and the second and the secon	work State: State: If or mental disability? Inses in the last 10 year and or cancelled? (Check on I was arrested for on fic laws" on (date): tion Program, and my	Home Yes No ars? Yes No ck all that apply):	

□ I need to driv	e to <u>school</u> . <i>(Fill c</i>					
Name and addr	ess of your school					
		1:				
Days and hours	of your classes:					
		rade:				
Other – (expi	<i></i>					
Driving schedul	e you are request	ing:				
MONE	DAY TUESDAY	/ WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUND
	a.m a.n o.m p.n		a.m. p.m.	a.m. p.m.	a.m. p.m.	a
	a.m a.n o.m p.n		a.m. p.m.	a.m. p.m.	a.m. p.m.	a
			<u> </u>			

purposes described above.

Petitioner's name (print)		_
Petitioner's signature		 Date
STATE OF TEXAS		
COUNTY OF TARRANT		
SUBSCRIBED AND SWORN TO BE	FORE ME, THE UNDERSIGNED AU	JTHORITY, ON THIS DAY OF
, 20	_BY	
	(Print the first and last names of the	e person who is signing this affidavit)
	Clerk of the Justice Court	OR Notary's signature
14. Attach these documents	to your Petition	
☐ Copy of SR22 or other I	Financial Responsibility from you	r insurance company;
☐ A copy of the Court Ord	der that suspended your license, $\underline{\iota}$	<u>unless</u> you checked "9-other" above;
· ·	· ·	your employer's letterhead or an affidavit
·	•	ırt to let you drive to work and/or
 If you are self-em drive on letterhea 	• • • • •	s card and/or hours you are requesting to
	ou. I looking for employment, please	state area of interest

□ A letter from the registrar's office/counselor from your school showing your class schedule or an affidavit that verifies your class schedule, if you have asked the court to let you drive to school.