

Using This Revisable PDF Form

1. Copies
 - a. Original – to court.
2. Prepared by petitioner. Clerk inserts case number and hearing date, Data Element Nos. 1 and 2.
3. Attachments
 - a. District court form DC-280, PETITION AND ORDER TO SUSPEND DRIVER'S LICENSE – FAILURE TO PAY CHILD SUPPORT (if provided by petitioner).
 - b. Copy of Notice to Suspend Driver's License from Department of Social Services (if provided by petitioner).
 - c. Notice from DMV that petitioner's license has been suspended for failure to pay child support (if provided by petitioner).
4. Preparation details
 - a. This form may be used by an individual who has received a notice from the Department of Social Services that his license will be suspended for failure to pay child support or who has had his license suspended by a court for the same reason. The petitioner is not required to wait until his license is actually suspended before he applies to the juvenile and domestic relations district court for a Restricted Driver's License Order.
 - b. The petitioner may not ask for the privilege to drive to and from visitation with his/her children if such visitation is otherwise prohibited.
 - c. Data Element No. 1 – If petitioner can provide DCSE case number, it is advisable to add this number to the form.

**PETITION FOR RESTRICTED DRIVER'S LICENSE
FAILURE TO PAY CHILD SUPPORT**

Commonwealth of Virginia VA. CODE § 46.2-320.1, 18.2-271.1

Case No. **1**

HEARING DATE: **2**

Juvenile and Domestic Relations District Court

3

4
PETITIONER

5
DRIVER'S LICENSE NUMBER

STATE

6
ADDRESS

7
DATE OF BIRTH

CITY/STATE

ZIP

To the Judge of the above-named court:

I have received from the Department of Social Services notice of intent to suspend or to refuse to renew my driver's license for failure to pay child support or failure to comply with process relating to a paternity or child support proceeding. Accordingly, I respectfully request that the court issue a restricted driver's license, for good cause shown, for the following purposes:

- 8** [] travel to or from my place of employment.
- 9** [] travel to and from VASAP.
- 10** [] travel during my hours of employment, because the operation of a motor vehicle is necessary to my employment described below.

11

EMPLOYER NAME AND WORK LOCATION

12

HOURS FOR TRAVEL TO AND FROM WORK

13

HOURS OF EMPLOYMENT

- 14** [] travel to and from school. (I understand that I must provide proper written verification to the court that I am enrolled in a continuing program of education.)

14

SCHOOL NAME AND LOCATION

REQUESTED DATES AND TIMES FOR TRAVEL TO AND FROM SCHOOL

- 15** [] medically necessary travel for [] me [] elderly parent [] person residing in my household. (I understand that I must provide written verification from a licensed health professional of the need for such travel for an elderly parent or household member.)

15

NAME AND LOCATION OF PROVIDER OF MEDICAL SERVICES

- 16** [] travel necessary to transport a minor child under my care [] to and from school [] to and from day care and/or [] to and from facilities housing medical service provider.

16

NAME AND LOCATION OF SCHOOL/DAY CARE/MEDICAL SERVICE PROVIDER

- 17** [] travel to and from court ordered visitation with my child or children.

17

NAME AND LOCATION OF CHILD OR CHILDREN

- 18** [] travel to and from appointments with my probation officer.

18

NAME AND LOCATION OF PROBATION ENTITY

- 19** [] travel to and from programs required by court or as a condition of probation.

19

PROGRAM NAME AND LOCATION

- 20** [] travel to and from a place of religious worship.

20

NAME AND LOCATION OF PLACE OF RELIGIOUS WORSHIP

20

REQUESTED DAY (ONE DAY PER WEEK) AND TIME FOR TRAVEL TO AND FROM PLACE OF RELIGIOUS WORSHIP

- 21** [] travel to and from appointments approved by the Division of Child Support Enforcement of the Department of Social Services as a requirement of participation in an administrative or court-ordered intensive care monitoring program for child support which I will have written proof of the appointment, including written proof of the date and time of the appointment.

- 22** [] travel to and from jail if serving jail sentence that is to be served on weekends or on nonconsecutive days.

I understand that the court may decide not to issue a restricted driver's license. I understand that a restricted driver's license will not permit me to operate a commercial motor vehicle. I understand that a restricted driver's license will not authorize visitation of my child or children if visitation is otherwise prohibited.

23

DATE

24

PETITIONER'S SIGNATURE

Data Elements

1. Court case number.
2. Hearing date and time.
3. Court name.
4. Name of individual requesting a restricted license.
5. Petitioner's driver's license number and issuing state.
6. Petitioner's address.
7. Petitioner's date of birth.
8. Check if restricted license sought to travel to and from petitioner's employment.
9. Check if restricted license sought for travel to and from Alcohol Rehabilitation Program.
10. Check if restricted license sought to drive during petitioner's hours of employment.
11. Name of petitioner's employer and work location.
12. Hours of travel to and from work location.
13. Petitioner's hours of employment if travel during work hours is requested.
14. Check if travel to and from school is requested. Fill in name of school, location, and dates and time of travel if applicable.
15. Check if requesting medically necessary travel for petitioner, petitioner's elderly parent or person residing in the household of petitioner. One or more of the boxes must be checked to indicate if the medically necessary travel is for the petitioner or his or her elderly parent or household member. Fill in name and location of provider of medical services if applicable.
16. Check if requesting travel necessary to transport a child under the petitioner's care to and from school, to and from day care or to and from a medical service provider. If requesting such check the appropriate destination and fill in the name and location.
17. Check if requesting travel to and from court-ordered visitation with children. Fill in the names and locations of children to be visited.
18. Check if requesting travel to and from appointments with a probation officer.
19. Check if requesting travel to and from programs required by the court as a condition of probation.
20. Check if requesting travel to and from place of religious worship. Fill in name, location, and requested day (one day per week) and time of travel to and from place of religious worship.
21. Check if requesting travel to and from appointments approved by the Division of Child Support Enforcement of the Department of Social Services as a requirement of participation in an administrative or court-ordered intensive monitoring program for child support.
22. Check if requesting travel to and from jail if serving jail sentence to be served on weekends and nonconsecutive days.
23. Date form signed by petitioner.
24. Signature of petitioner.