| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number and address):   | FOR COURT USE ONLY                   |  |  |
|--|--------------------------------------|--|--|
|  |                                      |  |  |
|  |                                      |  |  |
| TELEPHONE NO.: FAX NO. (Optional):   |                                      |  |  |
| E-MAIL ADDRESS (Optional):   |                                      |  |  |
|  |                                      |  |  |
| ATTORNEY FOR (Name):  PEOPLE OF THE STATE OF CALIFORNIA  |                                      |  |  |
| V.   |                                      |  |  |
|  |                                      |  |  |
| DEFENDANT:   | COURT CASE NUMBER                    |  |  |
| PETITION FOR RESTRICTED LICENSE  | COURT CASE NUMBER:                   |  |  |
| (Vehicle Code, § 13202.5/13202.3)  |                                      |  |  |
|  |                                      |  |  |
| 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 onand consequently my driving pri  | vilege was suspended at the time for |  |  |
| any other reason.  5. My driving privilege is not suspended at this time for any other reason.   |                                      |  |  |
| 6. Place an "X" in the applicable box(es):   |                                      |  |  |
| ☐ I need my license to attend school. My principal/Dean has signed   | a statement (Part A) on page 2 that  |  |  |
| school or transportation facilities are inadequate for regular attendan  |                                      |  |  |
| $\ \square$ I need my license due to an illness of a family member. My physic on page 2.   | ian has signed a statement (Part B)  |  |  |
| ☐ I need my license for transportation to and from employment becausesential in the support of my family or an appreciable portion of my employment. My parent or guardian has signed a statement (Part C) | family income is derived from my     |  |  |
| <ol><li>Wherefore, I request the court to authorize a restricted license permitting me to do so.</li></ol>   |                                      |  |  |
| I declare under penalty of perjury that the foregoing is true and correct.   |                                      |  |  |
| DATED:   |                                      |  |  |
| Signature:   |                                      |  |  |
| Petitioner   |                                      |  |  |
| ORDER  |                                      |  |  |
| The foregoing petition is:   |                                      |  |  |
| 1 Denied. No critical need has been shown.   |                                      |  |  |
| Granted. DMV to issue a license restricted as follows:   |                                      |  |  |
| To and from work To an from school In the course of employment   |                                      |  |  |
| Medical treatment  |                                      |  |  |
| Other:   | _                                    |  |  |
|  |                                      |  |  |
| Date:/   |                                      |  |  |
| (JUDICIAL OFFICER)   |                                      |  |  |

## PART A

|      |   | c transportation within one mile of the student's residence.  |
|------|---|---|
|      | Dated:  | Print/ Type your name   |
|      |   | , .,,,  |
|      |   | Position/ Title   |
|      |   |   |
|      |   | Signature   |
|      |   |   |
| PART | В   |   |
|      | I declare that I am a physician and illness of a family member. | I that the operation of a vehicle by the minor petitioner is necessary due to   |
|      | Name of family member:  |   |
|      | Diagnosis:  |   |
|      | Probable date of recovery:                                      |   |
|      | Dated:  | Dright / Towns arranged   |
|      |   | Print/ Type your name   |
|      |   |   |
|      |   | Signature   |
|      |   |   |
| PART | С   |   |
|      |   | ds his license for transportation to and from employment and the income from pport of the family, or an appreciable portion of the family income is derived cant. |
|      | Monthly Income:   | \$  |
|      | Amount given to family:   | \$  |
|      | I further declare that there is no p                            | ublic transportation within one mile of the petitioner's residence.   |
|      | Dated:  | Drink/ Tung your page   |
|      |   | Print/ Type your name   |
|      |   |   |
|      |   | Signature   |