



The County of Galveston

P.O. BOX 17253
COUNTY COURTHOUSE
GALVESTON, TEXAS 77552-7253

DWIGHT D. SULLIVAN
COUNTY CLERK

Occupational Driver's License Procedures

Before beginning, it is recommended that you contact the Texas Department of Public Safety at **(512)424-2600 regarding eligibility** for an Occupational Driver's License and any Reinstatement Fees you may owe. A filing fee **will not** be refunded due to the denial of a Petition for an Occupational Driver's License.

1. The Occupational Driver's License Packet consists of three parts:
 - a. Civil Case Information Sheet
 - b. Petition for an Occupational Driver's License
 - c. Order for an Occupational Driver's License
2. You are required to obtain **SR-22 Insurance Coverage**. Please contact your insurance company for the coverage. You will need to provide proof of coverage either at the time of filing the petition or at the hearing.
3. The Petition for an Occupational Driver's License and Order may be filed in our Galveston or League City Offices. **The filing fee is \$252**. An **additional fee** will be due after the hearing for a certified copy of the order. We accept cash, money order, MasterCard, Discover, or Visa.
4. The clerk will give you a hearing date based on the time you file your petition. If you file your petition before 3:00 P.M., your hearing date will be the following 2nd business day at 9:00 A.M., excluding holidays. If you file your petition after 3:00 P.M., your hearing date will be the following 3rd business day at 9:00 A.M., excluding holidays.
5. The clerk will provide further instructions after your hearing.

CIVIL CASE INFORMATION SHEET

CAUSE NUMBER (FOR CLERK USE ONLY): CV- COURT (FOR CLERK USE ONLY): County Court at Law No. _____

STYLED Ex Parte

(e.g., John Smith v. All American Insurance Co; In re Mary Ann Jones; In the Matter of the Estate of George Jackson)

A civil case information sheet must be completed and submitted when an original petition or application is filed to initiate a new civil, family law, probate, or mental health case or when a post-judgment petition for modification or motion for enforcement is filed in a family law case. The information should be the best available at the time of filing.

1. Contact information for person completing case information sheet:	Names of parties in case:	Person or entity completing sheet is:
Name: _____ Email: _____ Address: _____ Telephone: _____ City/State/Zip: _____ Fax: _____ Signature: _____ State Bar No: _____	Plaintiff(s)/Petitioner(s): _____ Defendant(s)/Respondent(s): _____ _____ _____	<input type="checkbox"/> Attorney for Plaintiff/Petitioner <input type="checkbox"/> Pro Se Plaintiff/Petitioner <input type="checkbox"/> Title IV-D Agency <input type="checkbox"/> Other: _____ Additional Parties in Child Support Case: Custodial Parent: _____ Non-Custodial Parent: _____ Presumed Father: _____
[Attach additional page as necessary to list all parties]		

2. Indicate case type, or identify the most important issue in the case (select only 1):			
Civil		Family Law	
Contract <i>Debt/Contract</i> <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: _____ <i>Foreclosure</i> <input type="checkbox"/> Home Equity—Expedited <input type="checkbox"/> Other Foreclosure <input type="checkbox"/> Franchise <input type="checkbox"/> Insurance <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract: _____	Injury or Damage <input type="checkbox"/> Assault/Battery <input type="checkbox"/> Construction <input type="checkbox"/> Defamation <i>Malpractice</i> <input type="checkbox"/> Accounting <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional Liability: _____ <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Premises <i>Product Liability</i> <input type="checkbox"/> Asbestos/Silica <input type="checkbox"/> Other Product Liability List Product: _____ <input type="checkbox"/> Other Injury or Damage: _____	Real Property <input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Trespass to Try Title <input type="checkbox"/> Other Property: _____ Related to Criminal Matters <input type="checkbox"/> Expunction <input type="checkbox"/> Judgment Nisi <input type="checkbox"/> Non-Disclosure <input type="checkbox"/> Seizure/Forfeiture <input type="checkbox"/> Writ of Habeas Corpus—Pre-indictment <input checked="" type="checkbox"/> Other: <u>OCCL</u>	Marriage Relationship <input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void <i>Divorce</i> <input type="checkbox"/> With Children <input type="checkbox"/> No Children Other Family Law <input type="checkbox"/> Enforce Foreign Judgment <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Name Change <input type="checkbox"/> Protective Order <input type="checkbox"/> Removal of Disabilities of Minority <input type="checkbox"/> Other: _____
		Post-judgment Actions (non-Title IV-D) <input type="checkbox"/> Enforcement <input type="checkbox"/> Modification—Custody <input type="checkbox"/> Modification—Other Title IV-D <input type="checkbox"/> Enforcement/Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Reciprocal (UIFSA) <input type="checkbox"/> Support Order	Parent-Child Relationship <input type="checkbox"/> Adoption/Adoption with Termination <input type="checkbox"/> Child Protection <input type="checkbox"/> Child Support <input type="checkbox"/> Custody or Visitation <input type="checkbox"/> Gestational Parenting <input type="checkbox"/> Grandparent Access <input type="checkbox"/> Parentage/Paternity <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Other Parent-Child: _____
Employment <input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other Employment: _____	Other Civil <input type="checkbox"/> Administrative Appeal <input type="checkbox"/> Antitrust/Unfair Competition <input type="checkbox"/> Code Violations <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Intellectual Property <input type="checkbox"/> Lawyer Discipline <input type="checkbox"/> Perpetuate Testimony <input type="checkbox"/> Securities/Stock <input type="checkbox"/> Tortious Interference <input type="checkbox"/> Other: _____		
Tax <input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax	Probate & Mental Health <i>Probate/Wills/Intestate Administration</i> <input type="checkbox"/> Dependent Administration <input type="checkbox"/> Independent Administration <input type="checkbox"/> Other Estate Proceedings <input type="checkbox"/> Guardianship—Adult <input type="checkbox"/> Guardianship—Minor <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____		

3. Indicate procedure or remedy, if applicable (may select more than 1):		
<input type="checkbox"/> Appeal from Municipal or Justice Court <input type="checkbox"/> Arbitration-related <input type="checkbox"/> Attachment <input type="checkbox"/> Bill of Review <input type="checkbox"/> Certiorari <input type="checkbox"/> Class Action	<input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Interpleader <input type="checkbox"/> License <input type="checkbox"/> Mandamus <input type="checkbox"/> Post-judgment	<input type="checkbox"/> Prejudgment Remedy <input type="checkbox"/> Protective Order <input type="checkbox"/> Receiver <input type="checkbox"/> Sequestration <input type="checkbox"/> Temporary Restraining Order/Injunction <input type="checkbox"/> Turnover

4. Indicate damages sought (do not select if it is a family law case):
<input type="checkbox"/> Less than \$100,000, including damages of any kind, penalties, costs, expenses, pre-judgment interest, and attorney fees <input type="checkbox"/> Less than \$100,000 and non-monetary relief <input type="checkbox"/> Over \$100,000 but not more than \$200,000 <input type="checkbox"/> Over \$200,000 but not more than \$1,000,000 <input type="checkbox"/> Over \$1,000,000

NOTICE: THIS FORM CONTAINS SENSITIVE DATA

Cause No. CV-_____

Ex Parte § IN THE COUNTY COURT AT LAW
_____ § NO. _____
First Middle Last §
TDL# _____ § GALVESTON COUNTY, TEXAS

PETITION FOR OCCUPATIONAL DRIVER'S LICENSE

Comes now _____, Petitioner, in the above styled and numbered cause and files this verified petition for an Occupational Driver's License and as grounds therefore would respectfully show the Court as follows:

That Petitioner's Texas Driver's License Number _____ is presently under suspension for a period of _____ Months/Days.

That Petitioner requires an Occupational Driver's License (*Check all that apply*):

To drive to and from place of work.

Name of Employer: _____

Employer's Address:

Days and hours you work: _____

To drive to and from school.

School Name: _____

School Address: _____

Days and hours of your classes: _____

To perform essential household duties.

Whereas, Premises considered, Petitioner prays that this petition be granted in all respects and that the court grant Petitioner the restricted privilege of operating a motor vehicle for the purposes described above.

Respectfully submitted,

Petitioner

Address

Home Phone Number

Work Phone Number

The State of Texas
County of Galveston

Before me, the undersigned authority, on this day personally appeared _____, who being by me duly sworn on their oath deposed and said that the statements contained herein are true and correct. Signed and entered this the _____ day of _____, 20 _____.

Notary Public In and For
The State of Texas

My commission expires: _____

Dwight D. Sullivan, County Clerk
Galveston County, Texas

By: _____
Deputy Clerk

5. Name and address of Petitioner's employer/educational facility:

Suspension of Driver's License

6. The Petitioner's driver's license was suspended because:

- Petitioner submitted a breath or blood specimen indicating an alcohol level of .08 or higher;
- Petitioner refused to give a breath/blood sample as requested when arrested for _____;
- The license was canceled for conviction of an offense under Texas law and the Petitioner has not been issued more than one occupational license after a conviction of an offense in the 10 years preceding the date of the filing of the petition;
- A Texas Court ordered Petitioner to go to a Driver Education Program, and the license, permit and/or driving privilege was automatically suspended for 365 days;
- On _____, a Texas Court found that Petitioner is a habitual violator of traffic laws;
- Other (specify): _____

Criminal History

7. The Court finds that Petitioner:

- does not have two or more convictions under any combination of TEX. PENAL CODE §§ 49.04, 49.07, or 49.08, or the license has not been suspended after a conviction for Driving While Intoxicated which was punished under TEX. PENAL CODE §49.09.
- has two or more convictions under any combination of TEX. PENAL CODE §§ 49.04, 49.07, or 49.08 or the license has been suspended after a conviction for Driving While Intoxicated which was punished under Tex. Penal Code §49.09. Accordingly, the Petitioner's operation of a motor vehicle is hereby restricted only to a motor vehicle equipped with an ignition interlock device in accordance with the order attached. The ignition interlock device must remain installed on any vehicle operated by the Petitioner for the duration of this Order.

8. **Interlock Ignition Device required, essential need to drive not required; or,**

An essential need exists for the Petitioner to operate a motor vehicle:

- in the performance of an occupation or trade, or for transportation to and from the place where Petitioner practices his or her occupation or trade;
- for transportation to and from an educational facility in which the Petitioner is enrolled;
- in the performance of essential household duties;
- to and from the Community Supervision Department in Galveston County, Texas;
- to and from medical appointments;
- to and from community service, treatment or counseling as required under bond supervision or as a condition of supervision.

9. The Court grants the Petitioner this Occupational Driver's License, and orders the Petitioner to maintain valid SR22 insurance for the entire period the Occupational Driver's License is in effect and to restrict driving to the purposes listed in this Order. Additionally, the Court orders Petitioner to:

- Carry a certified copy of this Order or an Occupational Driver's License while driving;
- Comply with all probation and community supervision terms in Cause No. _____;
- Within _____ days of this Order, Petitioner shall attend _____ alcohol/drug counseling sessions with Alcoholic Anonymous or similar program. Petitioner is **ORDERED** to file with the County Clerk of Galveston County, Texas, under this case number, a certificate of completion showing proof of attendance within _____ days after the date this Order is signed. A failure to file a certificate of compliance as ordered may result in the Court revoking, without further hearing, the occupational license granted by this order;
- NOT** drive a commercial vehicle;
- Interlock Ignition Device required, no restriction on location; or** **Petitioner shall not drive in any counties other than _____**;
- NOT** drive any vehicle unless it has an ignition interlock device with camera, as required by this Order. Within _____ days of the signing of this Order, Petitioner shall submit verification of installation of the ignition interlock device with camera to Galveston County Community Supervision and Corrections Department,

123 Rosenberg, Galveston, Texas 77550. The monitoring company shall forward any violations of the interlock device with camera to Galveston County Community Supervision and Corrections Department, 123 Rosenberg, Galveston, Texas 77550. **WARNING: ANY INTERLOCK VIOLATIONS MAY RESULT IN REVOCATION OF THIS LICENSE.** WITHOUT FURTHER ORDER FROM THE COURT, THE MONITORING COMPANY IS AUTHORIZED TO REMOVE THE INTERLOCK DEVICE UPON THE EXPIRATION OF THIS ORDER OR UPON PETITIONER PRESENTING A VALID TEXAS DRIVER'S LICENSE, WHICHEVER OCCURS FIRST. AUTHORIZATION TO REMOVE THE INTERLOCK DEVICE IS LIMITED TO THE SPECIFIC CASE CITED HEREIN. THIS AUTHORIZATION IS NOT APPLICABLE TO ANY OTHER CASE, ORDER, OR JUDGMENT WHICH REQUIRES THE INSTALLATION AND MAINTENANCE OF THE INTERLOCK DEVICE.

Interlock Ignition Device required, driving hours are not restricted (Tex. Transp. Code § 521.248(d); or,

Restrict driving hours of the day and days of the week to no more than 4 hours in any 24 hour period unless waived.

The Court hereby waives the 4 hours restriction, Petitioner may drive no more than _____ hours in any 24 hour period.

Petitioner shall maintain a driving log and shall record dates, times, mileage, destinations, and reasons for travel in the travel log and produce the log upon request by a peace officer or the Court; or,

Petitioner may drive only during the hours indicated below:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:	___ □ __.m.						
To:	___ □ __.m.						
From:	___ □ __.m.						
To:	___ □ __.m.						
From:	___ □ __.m.						
To:	___ □ __.m.						

WARNING: THE OPERATION OF ANY MOTOR VEHICLE AT ANY TIME, ON ANY DAY OF THE WEEK NOT SPECIFICALLY MARKED AND STATED ABOVE, IS A VIOLATION OF THIS ORDER AND MAY RESULT IN

REVOCATION OF THIS ORDER, THE PETITIONER BEING HELD IN COMTEMPT, OR BOTH.

10. The County Clerk shall send a certified copy of the Petition and the Court Order to the Texas Department of Public Safety.
11. The Texas Department of Public Safety is required to issue an occupational license to the Petitioner, which refers, on its face, to this Order. The Petitioner may use a copy of this order as a restricted license until the Petitioner receives such license from the Department of Public Safety, unless the Petitioner's license is suspended again for other reasons unrelated to the current suspension. This Order shall be void and have no force or effect immediately upon the effective date of such future suspension.

Other Orders

12. Submit to a breath or blood specimen if arrested for Driving While Intoxicated, and asked by a peace officer to provide such specimen;
13. Attend an approved Defensive Driving Course and within 45 days of this Order submit proof of attendance to the Galveston County Clerk;
14. Notify this Court, in writing, within 10 days, if arrested or given a citation for any alcohol/drug offense or any driving violation.

Supervision and Reporting

15. Submit to supervision by the Galveston County Community Supervision and Corrections Department (Department) to verify compliance with all the conditions specified by this order.
16. Report to the Department on _____, or as directed by the Department.

Administration Fee

17. Pay a monthly administrative fee in the amount of \$60.00 to the Galveston County Community Supervision and Corrections Department beginning on _____, and on the 15th day of each month thereafter until the period of suspension of the Petitioner's driver's license expires, or two years, whichever is less.

Testing for Alcohol or Drug

18. At the request of the Galveston County Community Supervision and Corrections Department, submit to periodic testing for alcohol or controlled substances, and reimburse the Department for the costs of administering each test.

Effective Date of Order

This order is effective beginning (check one):

- a. Today
- b. 91 days after the date the license was suspended.
- c. 181 days after the date the license was suspended.
- d. 365 days after the date the license was suspended.

Expiration Date of Order

Unless upon further Order of this Court, this Order expires upon the first anniversary of the Court Order granting the license or upon the end of the period of suspension of the Petitioner's regular driver's license, whichever occurs first. (*See Tex. Transp. Code, §§ 521.271(a)(4) and 521.248(c)*).

Signed on _____.

Judge Presiding

WARNING:

This Court may revoke this Order, at any time, for good cause. This Order is automatically revoked if Petitioner violates any condition of this Order or is arrested for a new Drug or Alcohol related offense. It is a Class B Misdemeanor for the Petitioner to violate any Order checked above, including driving without a certified copy of this Order.

Reviewed by: _____