

THIRD OFFENDER PETITION TO RESTORE DRIVING PRIVILEGES LOUDOUN CIRCUIT COURT

REQUIRED FORMS:

- Original Petition for Third Offender CC-1470
- Order for Third Offender CC-1471
 - The Order & Application should only be submitted to the court when they are ready to be signed by a judge.
 - You may submit a copy of the proposed order and application, but you will need to bring the originals to your court hearing.
- Civil Action Cover Sheet CC-1416
- Original DMV transcript & compliance summary
- Two additional copies of the completed Petition and two copies of the DMV transcript & compliance summary
- Restricted License Application

The copies will be used for the following:

A copy of the petition shall be served on the Commonwealth Attorney and the Department of Motor Vehicles. The Commonwealth may file an objection or answer to the petition within twenty-one (21) days after it is served.

FILING FEE: \$110.00 *(Includes service fees)*

Fees must be paid by cash, certified check, money order or personal check *(no starter checks will be accepted)* made payable to Clerk of Circuit Court.

FILINGS MAY BE SUBMITTED IN PERSON OR BY MAIL:

In person bring your completed paperwork and filing fee to the 3rd floor Civil Division window of the Circuit Court during normal business hours. Or send your completed paperwork, copies and filing fee to:

Send via U.S. Postal Service:
Loudoun Circuit Court
Attn: New Case Filings
P.O. Box 550
Leesburg, VA 20178

Send via FedEx, UPS, etc.
Loudoun Circuit Court
Attn: New Case Filings
18 East Market Street
Leesburg, VA 20176

The case will be assigned a Civil Action case number. This is a number by which the court references your case and must appear on any future documents regarding your Petition.

SETTING OF HEARING DATE:

Hearing dates in Loudoun County for restoration of driving privileges are set on the Circuit Court Civil Motion's Day docket. When you file your case with the Circuit Court you will be given a hearing date and time that will be noted at the top right-hand corner of the petition.

If you are required to participate in the Alcohol Safety Action Program (ASAP) you must have your evaluation completed prior to your hearing date.

You must appear in Court on the date that your case is set to be heard.

VIRGINIA
Alcohol Safety Action Program

Bull Run ASAP Information Sheet
Kimball T. Peel, Director

211 Gibson Street NW, Suite 207 Phone: 703-771-4702
Leesburg, Virginia 20176 Fax: 703-771-4713

9108-D Manassas Drive Phone: 703-369-7979
Manassas Park, Virginia Fax: 703-369-5011

****Habitual Offender and Third Offense Restoration Evaluations****

A fee of \$225.00 payable in advance is charged for the evaluation.

Payment by cash, check or money order is acceptable and may be delivered to either office.

Once payment is made the offender must call the Manassas Office at 703-369-7979 for an evaluation appointment.

The offender may request the evaluation to take place in either the Manassas or Leesburg office.

OTHER PROGRAMS OFFERED:

Basic Alcohol Education
Young Offender Alcohol/Drug Education
Suspended Driver Intervention
Alcohol/Drugs/Driver Risk Evaluations (Pre-Court)
Probation/Case Review Monitoring
Driver Improvement Program-Virginia DMV Certified
Intensive Alcohol Education
In-House Drug Tests
Comprehensive Drug Tests
Ignition Interlock Monitoring

Bull Run ASAP serves the area(s) of:

Counties of: Loudoun and Prince William

Cities of: Manassas and Manassas Park

Towns of: Leesburg, Middleburg, Purcellville, Haymarket, Dumfries, Occoquan and Quantico

COVER SHEET FOR FILING CIVIL ACTIONS

COMMONWEALTH OF VIRGINIA

Case No.

(CLERK'S OFFICE USE ONLY)

Circuit Court

v./In re:

PLAINTIFF(S)

DEFENDANT(S)

I, the undersigned [] plaintiff [] defendant [] attorney for [] plaintiff [] defendant hereby notify the Clerk of Court that I am filing the following civil action. (Please indicate by checking box that most closely identifies the claim being asserted or relief sought.)

GENERAL CIVIL

Subsequent Actions

- [] Claim Impleading Third Party Defendant
[] Monetary Damages
[] No Monetary Damages
[] Counterclaim
[] Monetary Damages
[] No Monetary Damages
[] Cross Claim
[] Interpleader
[] Reinstatement (other than divorce or driving privileges)
[] Removal of Case to Federal Court

Business & Contract

- [] Attachment
[] Confessed Judgment
[] Contract Action
[] Contract Specific Performance
[] Detinue
[] Garnishment

Property

- [] Annexation
[] Condemnation
[] Ejectment
[] Encumber/Sell Real Estate
[] Enforce Vendor's Lien
[] Escheatment
[] Establish Boundaries
[] Landlord/Tenant
[] Unlawful Detainer
[] Mechanics Lien
[] Partition
[] Quiet Title
[] Termination of Mineral Rights

Tort

- [] Asbestos Litigation
[] Compromise Settlement
[] Intentional Tort
[] Medical Malpractice
[] Motor Vehicle Tort
[] Product Liability
[] Wrongful Death
[] Other General Tort Liability

ADMINISTRATIVE LAW

- [] Appeal/Judicial Review of Decision of (select one)
[] ABC Board
[] Board of Zoning
[] Compensation Board
[] DMV License Suspension
[] Employee Grievance Decision
[] Employment Commission
[] Local Government
[] Marine Resources Commission
[] School Board
[] Voter Registration
[] Other Administrative Appeal

DOMESTIC/FAMILY

- [] Adoption
[] Adoption - Foreign
[] Adult Protection
[] Annulment
[] Annulment - Counterclaim/Responsive Pleading
[] Child Abuse and Neglect - Unfounded Complaint
[] Civil Contempt
[] Divorce (select one)
[] Complaint - Contested*
[] Complaint - Uncontested*
[] Counterclaim/Responsive Pleading
[] Reinstatement - Custody/Visitation/Support/Equitable Distribution
[] Separate Maintenance
[] Separate Maintenance Counterclaim

WRITS

- [] Certiorari
[] Habeas Corpus
[] Mandamus
[] Prohibition
[] Quo Warranto

PROBATE/WILLS AND TRUSTS

- [] Accounting
[] Aid and Guidance
[] Appointment (select one)
[] Guardian/Conservator
[] Standby Guardian/Conservator
[] Custodian/Successor Custodian (UTMA)
[] Trust (select one)
[] Impress/Declare/Create
[] Reformation
[] Will (select one)
[] Construe
[] Contested

MISCELLANEOUS

- [] Amend Death Certificate
[] Appointment (select one)
[] Church Trustee
[] Conservator of Peace
[] Marriage Celebrant
[] Approval of Transfer of Structured Settlement
[] Bond Forfeiture Appeal
[] Declaratory Judgment
[] Declare Death
[] Driving Privileges (select one)
[] Reinstatement pursuant to § 46.2-427
[] Restoration - 3rd Offense
[] Expungement
[] Firearms Rights - Restoration
[] Forfeiture of Property or Money
[] Freedom of Information
[] Injunction
[] Interdiction
[] Interrogatory
[] Judgment Lien-Bill to Enforce
[] Law Enforcement/Public Official Petition [] Name Change
[] Referendum Elections
[] Sever Order
[] Taxes (select one)
[] Correct Erroneous State/Local
[] Delinquent
[] Vehicle Confiscation
[] Voting Rights - Restoration
[] Other (please specify)

[] Damages in the amount of \$ are claimed.

DATE

[] PLAINTIFF [] DEFENDANT [] ATTORNEY FOR [] PLAINTIFF [] DEFENDANT

PRINT NAME

ADDRESS/TELEPHONE NUMBER OF SIGNATOR

EMAIL ADDRESS OF SIGNATOR (OPTIONAL)

*"Contested" divorce means any of the following matters are in dispute: grounds of divorce, spousal support and maintenance, child custody and/or visitation, child support, property distribution or debt allocation. An "Uncontested" divorce is filed on no fault grounds and none of the above issues are in dispute.

PETITION FOR RESTORATION OF DRIVING PRIVILEGE – Case No.

THIRD OFFENSE COMMONWEALTH OF VIRGINIA

HEARING DATE AND TIME

@ 10:00 AM

LOUDOUN COUNTY

Circuit Court

CITY OR COUNTY

PETITIONER'S NAME

ADDRESS

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	MO.	BORN DAY	YR.	FT.	HT. IN.	WGT.	EYES	HAIR

SSN:

TO THE JUDGE OF THE ABOVE-NAMED COURT:

I respectfully represent that on , my driver's license was revoked by the Department of Motor Vehicles, pursuant to Virginia Code § 46.2-391 (B), based on the following convictions:

OFFENSE	OFFENSE DATE	CONVICTION DATE	CONVICING COURT

I have attached a certified transcript of my driving record from the Department of Motor Vehicles.

CHECK A OR B BELOW TO INDICATE THE BASIS OF YOUR PETITION AND COMPLETE OTHER SECTIONS AS APPLICABLE:

A. Restoration under Va. Code § 46.2-391(C)(1). (Eligible only after five (5) years from the date of the last conviction.) My license was revoked based on and dependent upon three convictions pursuant to Va. Code § 18.2-266, § 18.2-51.4 or Subsection A of § 46.2-341.24 or valid local ordinance or law of another state or jurisdiction relating to operating a motor vehicle under the influence of intoxicants or drugs.

I represent that:

- (i) At the time of my convictions, I was addicted to or psychologically dependent on the use of alcohol or other drugs; and
- (ii) At this time, I am no longer addicted to or psychologically dependent on the use of alcohol or other drugs; and
- (iii) At least five years have passed from the date of the last conviction upon which the revocation of my license was based; and
- (iv) I do not constitute a threat to the safety and welfare of myself or others with respect to the operation of a motor vehicle.

I request that the Court restore my privilege to operate a motor vehicle in the Commonwealth upon my evaluation by the Virginia Alcohol Safety Action Program.

If the Court does not restore my privilege to operate a motor vehicle in the Commonwealth as requested above, I further request, as indicated by completing the next section, that the Court authorize the issuance of a restricted license in lieu of restoring my privilege to drive as provided in Va. Code § 46.2-391(C)(1). I request that the Court grant the restricted driver's license for travel to and from the following locations for the following purpose(s):

Case No.

- Travel to/from the facility that installed or monitors the ignition interlock on your vehicle(s), if ignition interlock is ordered.
- Travel to/from work Travel to/from VASAP Travel during work
- Travel to/from school Travel to/from school for child
- Travel to/from day care for child
- Travel to/from medical service facility for you minor child elderly parent person residing in household:
- Travel to/from court ordered visitation with child or children
- Travel to/from appointments with probation officer
- Travel to/from programs required by court or as a condition of probation
- Travel to/from a place of religious worship

.....
NAME AND LOCATION OF PLACE OF WORSHIP

.....
REQUESTED DAY OF WEEK AND TIME FOR TRAVEL

- Travel to/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 case monitoring program for child support
- Travel to/from jail to serve a sentence on weekends or nonconsecutive days
- Travel to/from a job interview for which you have with you written proof from your prospective employer of the date, time, and location of the job interview.

.....
NAME AND ADDRESS OF EMPLOYER

.....
DAYS AND HOURS WORKED

B. Restricted License under Va. Code § 46.2-391(C)(2). (Eligible only after three (3) years from the date of your last conviction.)

My license was revoked based on and dependent upon three convictions pursuant to Va. Code § 18.2-266, § 18.2-51.4 or Subsection A of § 46.2-341.24 or valid local ordinance or law of another state or jurisdiction relating to operating a motor vehicle under the influence of intoxicants or drugs.

I represent that:

- (i) At the time of my convictions, I was addicted to or psychologically dependent on the use of alcohol or other drugs; and
- (ii) At this time I am no longer addicted to or psychologically dependent on the use of alcohol or other drugs; and
- (iii) At least three years have passed from the date of the last conviction upon which the revocation of my license is based; and
- (iv) I do not constitute a threat to the safety and welfare of myself or others with respect to the operation of a motor vehicle.

I request that the Court order the issuance of a restricted license to allow me to drive to and from my home to the place of my employment, upon evaluation by the Virginia Alcohol Safety Action Program.

.....
NAME AND ADDRESS OF EMPLOYER

.....
DAYS AND HOURS WORKED

I request that the court hold a hearing on my petition.

.....
DATE

.....
PETITIONER'S SIGNATURE

**ORDER RESTORING DRIVING PRIVILEGE –
THIRD OFFENSE** COMMONWEALTH OF VIRGINIA

Case No.

..... LOUDOUN COUNTY Circuit Court
CITY OR COUNTY

.....
PETITIONER'S NAME
.....
ADDRESS
.....

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN	HT.	WGT.	EYES	HAIR
		MO. DAY YR.	FT. IN.			
SSN: _____						

ON THE PETITION FOR RESTORATION OF DRIVING PRIVILEGE, AND ON THE EVIDENCE HEARD, INCLUDING THE EVALUATION OF THE VIRGINIA ALCOHOL SAFETY ACTION PROGRAM, IF APPLICABLE, THE COURT FINDS THAT:

The Petitioner's driver's license was revoked by the Department of Motor Vehicles

on pursuant to Virginia Code § 46.2-391(B)
DATE

AND THAT:

- [] A. (Va. Code § 46.2-391(C)(1)) The Petitioner's driver's license was revoked based on and dependent upon at least three convictions pursuant to Virginia Code § 18.2-266, § 18.2-51.4 or Subsection A of § 46.2-341.24 or valid local ordinance or law of another state or jurisdiction relating to operating a motor vehicle under the influence of intoxicants or drugs, and;
- (i) At the time of the previous convictions, Petitioner was addicted to or psychologically dependent on the use of alcohol or other drugs; and
 - (ii) At this time he is no longer addicted to or psychologically dependent on the use of alcohol or other drugs; and
 - (iii) Five years have passed from the date of the last conviction upon which revocation of the Petitioner's license was based; and
 - (iv) Petitioner does not constitute a threat to the safety and welfare of himself or others with respect to the operation of a motor vehicle; and
 - (v) The Court has reviewed the evaluation of the Petitioner prepared by the Virginia Alcohol Safety Action Program and considered its recommendations.

- B. (Va. Code § 46.2-391(C)(2)) The Petitioner’s driver’s license was revoked based on and dependent upon at least three convictions pursuant to Virginia Code § 18.2-266, § 18.2-51.4 or Subsection A of § 46.2-341.24 or valid local ordinance or law of another state or jurisdiction relating to operating a motor vehicle under the influence of intoxicants or drugs, and:
 - (i) At the time of the previous convictions, Petitioner was addicted to or psychologically dependent on the use of alcohol or other drugs; and
 - (ii) At this time he is no longer addicted to or psychologically dependent on the use of alcohol or other drugs; and
 - (iii) Three years have passed from the date of the last conviction upon which revocation of the Petitioner’s license was based; and
 - (iv) Petitioner does not constitute a threat to the safety and welfare of himself or others with respect to the operation of a motor vehicle.
 - (v) The Court has reviewed the evaluation of the Petitioner prepared by the Virginia Alcohol Safety Action Program and considered its recommendations.

IT IS THEREFORE ORDERED THAT:

- Petitioner’s privilege to drive a motor vehicle in the Commonwealth is restored under Virginia Code § 46.2-391(C) subject to any other requirements for restoration under other provisions of law.
- Petitioner’s privilege to drive a motor vehicle in the Commonwealth is restored subject to the following special conditions:

.....
.....

- Petitioner is granted a restricted license to drive a motor vehicle in the Commonwealth pursuant to Virginia Code § 46.2-391(c)(1), until, for the purposes enumerated in the restricted driver’s license, during which time he shall be subject to the supervision of the Virginia Alcohol Safety Action Program.

- Ignition interlock
 - travel to/from the facility that installed or monitors the ignition interlock on Petitioner's vehicle(s).
- Travel to/from work Travel to/from VASAP Travel during work

- | NAME AND ADDRESS OF EMPLOYER | DAYS AND HOURS WORKED |
|--|-----------------------|
| <input type="checkbox"/> Travel to/from school <input type="checkbox"/> Travel to/from school for child | |
| <input type="checkbox"/> Travel to/from day care for child | |
| <input type="checkbox"/> Travel to/from medical service facility for <input type="checkbox"/> you <input type="checkbox"/> minor child <input type="checkbox"/> elderly parent | |
| <input type="checkbox"/> person residing in Petitioner’s household: | |
| <input type="checkbox"/> Travel to/from court ordered visitation with child or children | |
| <input type="checkbox"/> Travel to/from appointments with probation officer | |
| <input type="checkbox"/> Travel to/from programs required by court or as a condition of probation | |
| <input type="checkbox"/> Travel to/from place of religious worship | |

.....
NAME AND LOCATION OF PLACE OF WORSHIP

- | DAY OF WEEK AND TIME FOR TRAVEL |
|---|
| <input type="checkbox"/> Travel to/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 case monitoring program for child support |
| <input type="checkbox"/> Travel to/from jail to serve a sentence on weekends or nonconsecutive days |
| <input type="checkbox"/> Travel to/from a job interview for which you have with you written proof from your prospective employer of the date, time, and location of the job interview. |

- Petitioner is granted a restricted driver’s license to drive a motor vehicle in the Commonwealth pursuant to Virginia Code § 46.2-391(c)(2) for the purpose of driving to/from or in the course of the petitioner’s employment.

- | NAME AND ADDRESS OF EMPLOYER | DAYS AND HOURS WORKED |
|--|-----------------------|
| <input type="checkbox"/> The petition to restore driving privileges in the Commonwealth of Virginia is denied. | |
| <input type="checkbox"/> And this cause is ended. | |

.....

DATE JUDGE

I ask for this:

DATE PETITIONER

APPLICATION FOR RESTRICTED DRIVER'S LICENSE

Commonwealth of Virginia

Case No.

General District Court
 Juvenile & Domestic Relations District Court

.....
 CITY/COUNTY

.....
 DEFENDANT

.....
 DRIVER'S LICENSE NUMBER STATE

.....
 ADDRESS

.....
 DATE OF BIRTH

.....
 CITY STATE ZIP

.....
 DATE OF OFFENSE

.....
 TELEPHONE NUMBER

My driver's license has been suspended or denied for an offense which makes me eligible for a restricted driver's license; therefore, I request that the court grant a restricted driver's license for travel to and from the following locations for the following purpose(s):

(Court use only)
APPROVED

(a) Travel to and from primary job
 Name and Location of Employer:

Days of Week:
 Leave Home: Arrive at Work:
 Leave Work: Arrive at Home:

YES NO

Travel to and from secondary job
 Name and Location of Employer:

Days of Week:
 Leave Home: Arrive at Work:
 Leave Work: Arrive at Home:

YES NO

(b) Travel to and from VASAP

YES NO

(c) Travel during work hours **only as required by my employer:**
 Hours of required travel:

YES NO

Written verification must be carried

YES NO

(d) Travel to and from school
 Name and Location of school:

Days of Week:
 Leave Home: Arrive at School:
 Leave School: Arrive at Home:

YES NO

(e) Medically necessary travel for: me my elderly parent
 a person residing in my household
 If for elderly parent or another person: Medical provider name:
 Location:

YES NO

(f-1) Ignition Interlock on any motor vehicle that you operate, if required.

YES NO
 and on each motor vehicle owned by or registered to person

(f-2) Travel to and from the facility that installed or monitors the ignition interlock in the vehicle(s), if ignition interlock is ordered.

YES NO

(g-1) Necessary travel to transport a minor child(ren), who is/are under my care, to and from his/her/their school.
 Name and Location of School:
 Dates and Times:

YES NO

(g-2) Necessary travel to transport a minor child(ren), who is/are under my care, to and from day care
 Name and Location of Day Care Provider:
 Dates and Times:

YES NO

(g-3) Necessary travel to transport a minor child(ren), who is/are under my care, to and from medical providers
 Name and Location of Medical Provider:
 Dates and Times:

YES NO

NOTE: This is page one of a two-page form.

CONTINUED FROM PAGE 1

(h) <input type="checkbox"/> Necessary travel for Court Ordered visitation with child(ren) Name(s): Location of Child(ren): Days and Times of Visitation:	<input type="checkbox"/> YES <input type="checkbox"/> NO
(i-1) <input type="checkbox"/> Travel to and from appointments with probation officer Name and Location of Probation entity	<input type="checkbox"/> YES <input type="checkbox"/> NO
(i-2) <input type="checkbox"/> Travel to and from programs required by court or as a condition of probation Program Name and Location: Program Name and Location:	<input type="checkbox"/> YES <input type="checkbox"/> NO
(j) <input type="checkbox"/> Travel to and from a place of religious worship Name and Location of place of religious worship: Day of Week (one day per week): Leave Home: Arrive at place of religious worship: Leave place of religious worship: Arrive Home:	<input type="checkbox"/> YES <input type="checkbox"/> NO
(k) <input type="checkbox"/> 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 case monitoring program for child support for which I will have with me written proof of the appointment, including written proof of the date and time of the appointment.	<input type="checkbox"/> YES <input type="checkbox"/> NO
(m) <input type="checkbox"/> Travel to and from jail to serve a jail sentence that is to be served on weekends or on nonconsecutive days.	<input type="checkbox"/> YES <input type="checkbox"/> NO
(n) <input type="checkbox"/> Travel to and from a job interview for which I will have with me written proof from my potential employer of the date, time and location of the job interview.	<input type="checkbox"/> YES <input type="checkbox"/> NO

I certify that the above information is true and accurate, that my driving privileges are not revoked or suspended for any other reason, and that I have no other pending charges against me that have not been divulged to the court. I understand that a Restricted Driver's License permits me to operate a motor vehicle under the conditions approved by the Court. I further understand that should I be found driving outside the restrictions of the Restricted Driver's License, I may be subject to the imposition of previously suspended sentences in this case and new criminal charges may be brought against me.

.....
DATE

.....
DEFENDANT'S SIGNATURE

Reviewed and Approved as indicated:

.....
DATE

.....
JUDGE

NOTE: This is page two of a two-page form

ORDER FOR EVALUATION
VA. CODE ANN. § 46.2-391

Case No.

PETITIONER:

..... LOUDOUN COUNTY , Circuit Court
CITY OR COUNTY

.....
LAST NAME, FIRST NAME, MIDDLE NAME

..... 18 East Market St, Leesburg VA 20176
STREET ADDRESS OF COURT

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN			HT.		WGT.	EYES	HAIR
		MO.	DAY	YR.	FT.	IN.			
SSN:									
VA. D.L. # (IF DIFFERENT FROM SSN)									

TO THE VIRGINIA ALCOHOL SAFETY ACTION PROGRAM OF

.....
NAME OF PROGRAM AND LOCATION

Pursuant to Virginia Code § 46.2-391(C), you are hereby ORDERED to
prepare and to file with a copy of this Order an evaluation of the Petitioner named in the attached
petition for restoration of driving privileges, prior to and to submit your
DATE
recommendations to this Court on
HEARING DATE AND TIME

A representative of the above-named program [] is [] is not ordered to appear at the hearing
and present the program's recommendations regarding the Petitioner.

You are further ORDERED to send a copy of your written evaluation to the Petitioner, at the
address indicated on the attached petition.

.....
DATE

.....
JUDGE