

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) _____ Telephone Number _____	FOR COURT USE ONLY
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA <input type="checkbox"/> 800 SOUTH VICTORIA AVE. VENTURA, CA 93009 <input type="checkbox"/> 4353 VINEYARD AVE, OXNARD, CA. 93036	
PLAINTIFF: PEOPLE OF THE STATE OF CALIFORNIA DEFENDANT:	
PETITION FOR RESTRICTED LICENSE <input type="checkbox"/> 13202.5 VC - Controlled Substance or Alcohol Related Offense (under age of 21 years)	CASE NUMBER: _____

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 a violation of _____ on _____ and consequently my driving privilege was suspended for _____ months year(s).
5. My driving privilege is not suspended at this time for any other reason.
6. I have a critical need to drive, as follows: _____

7. Wherefore, I request the court to authorize a restricted license permitting me to do so.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: _____ Signature of Petitioner: _____
 Address: _____ Phone Number : _____

ORDER

The court orders that the petition is: Denied. No critical need has been shown.
 Granted. DMV to issue a license restricted as follows:

Date: _____ Judicial Officer's Signature _____

CAUTION: THIS ORDER DOES NOT AUTHORIZE YOU TO DRIVE. YOU MUST GO TO THE DMV AND APPLY FOR A RESTRICTED LICENSE.