

STATE OF INDIANA) IN THE JOHNSON SUPERIOR COURT NO. 2
) SS:
COUNTY OF JOHNSON) CAUSE NO: 41D02-_____ - _____ - _____

Petitioner,

v.

PROSECUTING ATTORNEY
OF JOHNSON COUNTY, INDIANA
and the
INDIANA BUREAU OF MOTOR VEHICLES
Respondents.

Petitioner's home address (including county):

Petitioner's employment address

DOB: ____/____/____

OLN: _____

OTHER ID#: _____

VERIFIED PETITION FOR SPECIALIZED DRIVING PRIVILEGES
PURSUANT TO I.C. 9-30-16

Comes now, Petitioner, _____, (hereinafter Petitioner) and hereby files a *Verified Petition for Specialized Driving Privileges* filed in accordance with IC 9-30-6-4 and respectfully requests this court for an order granting Petitioner Specialized Driving Privileges In support of said motion Petitioner states the following:

1. Petitioner has complied with the pleading requirements of IC 9-30-16-4(b), and has properly served on the Prosecuting Attorney and Indiana Bureau of Motor Vehicles Petitioner's Petition.
2. ☐ Evidence was presented in support of the Petition.
or
☐ The Prosecuting Attorney does not object to the granting of Specialized Driving Privileges.

3. The Petitioner is eligible for Specialized Driving Privileges under IC 9-30-16-1 and IC 9-30-16-3(d) which provide ineligibility for:
- a person who has never had a valid Indiana driver's license
 - a person who holds a commercial driver's license
 - a person who has refused to submit to a chemical test offered under IC 9-30-6
 - a person who has previously been granted specialized driving privileges and has more than one conviction for violation of the conditions of specialized driving privileges, as defined at IC 9-30-16-5

4. Petitioner discloses the following ACTIVE COURT ORDERED driving privilege suspensions:

REASON/OFFENSE/CONVICTION	CAUSE NO. /PERIOD OF SUSPENSION
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

5. Petitioner discloses the following ACTIVE BMV ADMINISTRATIVE driving privilege suspensions:

REASON	PERIOD OF SUSPENSION
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

6. Petitioner request the Court to grant Petitioner **SPECIALIZED DRIVING PRIVILEGES** for a period of _____ days, commencing the date of its order in accordance to the following conditions and limitations of those Specialized Driving Privileges:

SPECIALIZED PRIVILEGES RELATED TO EMPLOYMENT

☐ If this box is checked, the Petitioner requests the special privilege to operate a vehicle directly to and from work/employment, specifically as follows:

From the Petitioner's home address, **as set out above**, directly to the Petitioner's place of work/employment **at the address set out above**, and then directly back to the Petitioner's home address.

☐ If this box is checked, then Petitioner works the following days of the week:
☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

☐ If this box is checked, then Petitioner works the following hours of the day:
From ____:____.m. through ____:____.m.

☐ If this box is checked, Petitioner requests permission to operate a vehicle, for work/employment purposes only, during the course of the work day, as long as otherwise also complying with this ORDER

☐ Pursuant to the attached schedule

☐ From ____:____.m. through ____:____.m.

☐ _____

SPECIALIZED PRIVILEGES RELATED TO CHILD CARE

☐ If this box is checked, then Petitioner requests the special privilege of operating a vehicle for the limited purpose of taking a child/children to and from school. Vehicle operation is limited to travel from the Petitioner's home address, as set out above, directly to the child's school, and then directly back to the Petitioner's home address.

☐ Child/ren(s) school and address(es):

☐ If this box is checked, then Petitioner requests the special privilege to includes following the listed extra-curricular activities:

☒ If this box is checked, then Petitioner attends school activities or events on the following days of the week:

☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

☒ If this box is checked, then Petitioner attends school activities or events in the following hours of the day:

From ____:____.m. through ____:____.m.

☐ If this box is checked, then Petitioner requests the special privilege of operating a vehicle for the limited purpose of taking a child/children to and from a child care provider. Vehicle Operation is limited to travel from the Petitioner's home address, as set out above, directly to the child's care provider, and then directly back to the Petitioner's home address.

☒ Child(ren)'s care provider(s) and address(es):

☒ If this box is checked, then Petitioner's child(ren) attend a child care provider on the following days of the week:

☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

☒ If this box is checked, then Petitioner's child(ren) attend a child care provider in the following hours of the day:

From ____:____.m. through ____:____.m.

SPECIALIZED PRIVILEGES RELATED TO REQUIRED COUNSELING/THERAPY

☐ If this box is checked, then Petitioner requests the special privilege of operating a vehicle for the limited purpose of attending counseling/therapy as required by a court or probation officer. Vehicle operation is limited to travel from the Petitioner's home address, as set out above, directly to the counseling program, and then directly back to the Petitioner's home address.

☒ Counseling Provider(s) and address(es):

_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ If this box is checked, then Petitioner attends counseling/therapy on the following days of the week:

☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

☐ If this box is checked, then Petitioner attends counseling/therapy in the following hours of the day:

From ____:____.m. through ____:____.m.

SPECIALIZED DRIVING PRIVILEGES RELATED TO PROBATION

☐ If this box is checked, then Petitioner requests the special privilege of operating a vehicle for the limited purpose of attending meetings with his or her probation officer. Vehicle operation is limited to travel from the Petitioner's home address, as set out above, directly to the probation officer's address, and then directly back to the Petitioner's home address.

☐ Name of Probation officer and address(es):

_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER SPECIALIZED PRIVILEGES

☐ If this box is checked, then Petitioner requests the special privilege of operating a

Vehicle for the limited purpose of _____.

Vehicle operation is limited to travel from the Defendant's home address, as set out above, directly to the address(es) set out below, and then directly back to the Defendant's home address.

_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ If this box is checked, then Petitioner requests the specialized privilege for the following days of the week:

☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

☐ If this box is checked, then Petitioner requests the specialized privilege for the following hours of the day:

From ____:____.m. through ____:____.m.

☐ In all instances, the Petitioner shall only operate a vehicle equipped with an operating ignition interlock device.

☐

WHEREFORE, Petitioner respectfully requests this Court to set a hearing to decide this matter, find that Petitioner is entitled to the relief sought, order Petitioner is eligible for Specialized Driving Privileges under I.C. 9-30-16 as requested, stay all suspensions related to the driving privileges in this cause and grant the Petitioner a Specialized Driving Privilege.

Signature of Petitioner

Printed Name of Petitioner/Counsel

VERIFICATION

I swear or affirm under the penalties for perjury that the foregoing representations are true.

Signature of Petitioner

Printed Name of Petitioner

DISTRIBUTION:

Prosecuting Attorney
Petitioner
Petitioner's Counsel
BMV