

STATE OF INDIANA ) IN THE ELKHART \_\_\_\_\_ COURT \_\_\_\_  
 )  
COUNTY OF ELKHART ) CAUSE NO: 20\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Petitioner, (**Print Name Here**)

v.

INDIANA BUREAU OF  
MOTOR VEHICLES and  
VICKI BECKER, PROSECUTOR  
OF ELKHART COUNTY, INDIANA,  
Respondents.

**VERIFIED PETITION FOR SPECIALIZED DRIVING PRIVILEGES**

PETITIONER'S HOME ADDRESS (STREET, CITY, STATE, ZIP CODE, AND COUNTY):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

PETITIONER'S EMPLOYMENT ADDRESS:

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PETITIONER'S DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

PETITIONER'S DRIVER'S LICENSE NUMBER: \_\_\_\_\_

REASONS FOR SEEKING SPECIALIZED DRIVING PRIVILEGES:

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LENGTH/PERIOD OF SPECIALIZED DRIVING PRIVILEGES DESIRED:

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LIST IN DETAIL ACTIVE COURT-ORDERED DRIVING PRIVILEGE SUSPENSIONS:

CAUSE NO./PERIOD OF SUSPENSION:

REASON/OFFENSE/CONVICTION:

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LIST IN DETAIL ACTIVE BUREAU OF MOTOR VEHICLES ADMINISTRATIVE DRIVING PRIVILEGE SUSPENSIONS:

PERIOD OF SUSPENSION:

REASON:

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**RELIEF SOUGHT:**

CHECK ADDRESS OF ESSENTIAL DRIVING NEEDED, INCLUDING DAYS AND TIMES NEEDED:

(TRAVEL MUST BE TO AND FROM BY MOST DIRECT ROUTE)

**Place of Employment at Address Listed Above:**

Days: \_\_\_\_\_

Hours: \_\_\_\_\_

**Children's School:**

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Days of School: \_\_\_\_\_

Hours of School: \_\_\_\_\_

**Child Care Provider:**

Name of Provider: \_\_\_\_\_

Address of Provider: \_\_\_\_\_

Days of Childcare: \_\_\_\_\_

Hours of Childcare: \_\_\_\_\_

**Counseling/Therapy/Addictions Treatment:**

Name of Provider: \_\_\_\_\_

Address of Provider: \_\_\_\_\_

Days of Treatment: \_\_\_\_\_

Hours of Treatment: \_\_\_\_\_

**Medical, Dental, or Optical Provider:**

Name of Provider: \_\_\_\_\_

Address of Provider: \_\_\_\_\_

Name of Provider: \_\_\_\_\_

Address of Provider: \_\_\_\_\_

Name of Provider: \_\_\_\_\_

Address of Provider: \_\_\_\_\_

(DRIVING LIMITED TO DAYTIME ONLY)

**Church or Place of Worship:**

Name of Church or Place of Worship: \_\_\_\_\_

Address of Church or Place of Worship: \_\_\_\_\_

Days of Worship: \_\_\_\_\_

Hours of Worship: \_\_\_\_\_

**Other Required, Essential Driving:**

1. Name of Location: \_\_\_\_\_

Address of Location: \_\_\_\_\_

Days of Location: \_\_\_\_\_

Hours of Location: \_\_\_\_\_

2. Name of Location: \_\_\_\_\_

Address of Location: \_\_\_\_\_

Days of Location: \_\_\_\_\_

Hours of Location: \_\_\_\_\_

**Probation and Court Appointments:**

**Court:** (Check which courthouse applies)

\_\_\_\_\_ 315 South Second Street, Elkhart, Indiana 46516 (**County Courthouse in Elkhart**)

\_\_\_\_\_ 101 North Main Street, Goshen, Indiana 46526 (**County Courthouse in Goshen**)

\_\_\_\_\_ 229 South 2<sup>nd</sup> Street, Elkhart, Indiana 46516 (**Elkhart City Court**)

\_\_\_\_\_ 111 East Jefferson Street, Goshen, Indiana 46528 (**Goshen City Court**)

\_\_\_\_\_ 300 West Lincoln Street, Nappanee, Indiana 46550 (**Nappanee City Court**)

**Probation:** (Check which probation department, if applicable, applies)

\_\_\_\_\_ 315 South Second Street, Elkhart, Indiana 46516 (**Elkhart Courthouse Probation**)

\_\_\_\_\_ 101 North Main Street, Goshen, Indiana 46526 (**Goshen Courthouse Probation**)

\_\_\_\_\_ 317 West High Street, Elkhart, Indiana 46516 (**Elkhart City Court Probation**)

\_\_\_\_\_ 111 East Jefferson Street, Goshen, Indiana 46528 (**Goshen City Court and  
Nappanee City Court Probation**)

I AFFIRM UNDER THE PENALTIES OF PERJURY THE ABOVE REPRESENTATIONS ARE TRUE.

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I CERTIFY THAT ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, I SERVED A COPY OF THIS PETITION UPON THE FOLLOWING BY DEPOSIT IN THE U.S. MAIL, PROPERLY ADDRESSED AND WITH FIRST CLASS POSTAGE AFFIXED TO:

ELKHART COUNTY PROSECUTOR  
301 SOUTH MAIN STREET, SUITE 100  
ELKHART, INDIANA 46516

and

INDIANA BUREAU OF MOTOR VEHICLES  
RECORDS MANAGEMENT DIVISION  
100 NORTH SENATE AVENUE  
IGCN, ROOM N413  
INDIANAPOLIS, INDIANA 46204

SIGNATURE: \_\_\_\_\_