

STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
District Court Division

_____ County

IN THE MATTER OF

PETITION FOR LIMITED DRIVING PRIVILEGE - SPEEDING, RECKLESS DRIVING, AGGRESSIVE DRIVING, OR DWI - OUT-OF-STATE OR FEDERAL CONVICTIONS

Name, Address, And Telephone No. Of Petitioner

G.S. 20-16(e1), 20-16.1(b)(3), 20-179.3

Race Sex Height Weight

Hair Color Eye Color Date Of Birth Drivers License No. And State

Offense(s) Date(s) And Jurisdiction Of Conviction(s)

NOTE: THIS IS A CIVIL ACTION. Civil costs requirements must be satisfied when this Petition is filed.

Use this form to petition for a limited driving privilege when the conviction that causes the revocation occurs in another state or in federal court. If the judge determines that a limited driving privilege is appropriate, AOC-CV-351 or AOC-CV-352 (either AOC-CV-352A or AOC-CV-352B, depending on whether the court imposes an ignition interlock restriction) should be used.

I, the undersigned petitioner, request the Court to issue a limited driving privilege for the revocation listed below:

- My license was revoked by the North Carolina Division of Motor Vehicles, effective on _____, for a period of _____ for the conviction(s) listed above.
- I am eligible for a limited driving privilege under G.S. 20-16(e1). G.S. 20-16.1(b)(3). G.S. 20-179.3(b). I meet all the eligibility requirements under the statute checked.
- I have attached a copy of my driving record. The record has been certified by the North Carolina Division of Motor Vehicles.
- I have attached a properly executed form DL-123 or equivalent proof that I am financially responsible.
 a properly executed form DL-123A stating that I am not required to furnish proof of financial responsibility.
- I have attached the required documentation of my need to engage in employment-related driving.

Date Signature Of Petitioner

NOTICE OF HEARING (DWI ONLY)

Notice To The District Attorney:

The petitioner named above will apply pursuant to G.S. 20-179.3(d) to the Chief District Court Judge named below for issuance of a limited driving privilege at the date, time and place shown below:

Name Of Chief District Court Judge (type or print) Date

Date Time Signature

Place AM PM Deputy CSC Assistant CSC Clerk Of Superior Court

CERTIFICATION (DWI ONLY)

I certify pursuant to G.S. 20-179.3(d) that on this date, I filed a copy of this Petition with the District Attorney's office

in person. by depositing same in the U.S. mail in an envelope bearing proper postage.

Other: _____

Date Signature Deputy CSC Asst. CSC Clerk Of Superior Court

WAIVER (DWI ONLY)

I, the undersigned district attorney, waive the requirement of the Clerk pursuant to G.S. 20-179.3(d) to file a copy of this Petition with the District Attorney's office and further waive the right to appear at a hearing on this Petition for limited driving privilege.

Date Name Of District Attorney (type or print) Signature Of District Attorney

NOTE: The Clerk of Superior Court upon the filing of this Petition under G.S. 20-179.3(d) with a notice of hearing, should immediately file a copy with the District Attorney's office and sign the certification. If the District Attorney waives the right to having this Petition filed with District Attorney's office, the Clerk has no further responsibility.