Approved, SCAO Original - Court
1st copy - Defendant

STATE OF MICHIGAN JUDICIAL DISTR

JUDICIAL DISTRICT
JUDICIAL CIRCUIT
COUNTY PROBATE

AFFIDAVIT AND ORDER FOR RESTRICTED DRIVER'S LICENSE

_	-				-
	Δ	•	_	N	()

COUNTY PROBATE Court address Court telephone no. Defendant's name, address, and telephone no. ☐ The State of Michigan THE PEOPLE OF DOB Driver's license no. In the matter of _____ **AFFIDAVIT** 1. I state that I am unable to take public transportation, and do not have family members or others able to provide transportation: \square a. \square to and from home to work only to and from home to work and for employer only for employer only Employer name and address or territory to and from home to work only to and from home to work and for employer only Days for employer only Employer name and address or territory \square b. to and from school Days School name c. to and from probation. alcohol/drug education treatment. community service. d. to and from home or work and _ , a place of regularly occurring medical treatment for a serious condition for me or a member of my household or immediate family. 2. This affidavit is made on my personal knowledge and, if sworn as a witness, I can testify competently to the facts in this affidavit. Defendant signature Subscribed and sworn to before me on ______, _____, _____ County, Michigan. My commission expires: ______ Signature: ______ Notary public/Deputy court clerk Notary public, State of Michigan, County of _____ ORDER FOR RESTRICTED DRIVER'S LICENSE THE COURT FINDS: 3. The defendant's operator's or chauffeur's license was ordered suspended. 4. The defendant is ☐ unable ☐ able to take public transportation, or be provided transportation by family members or others, to and from the locations stated above. ITIS ORDERED: ☐ 5. The defendant's request is denied. ☐ 6. The Secretary of State shall issue the defendant a restricted driver's license if the defendant is otherwise eligible to be licensed.

Date

Bar no