

DEFENDANT: [NAME & ADDRESS]	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF AMADOR	
REQUEST FOR RECOMMENDATION RE: FOR RESTRICTED LICENSE AND COURTS DECISION TO <input type="checkbox"/> RECOMMEND or <input type="checkbox"/> NOT RECOMMEND	CASE NUMBER:

On _____ my driver's license was suspended as a result of a conviction for _____.
[date] [code violated]

My driver's license number is _____ I have a critical need to drive as described below:

I am currently employed with: _____ at _____, _____
Company Name Street Address City

I attend school at: _____ in _____
Name of School City and State

My place of employment/school is _____ miles from my home.

My critical need to drive is based on: *Please explain in detail*

Public transportation is inadequate because: *Please explain in detail*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Executed at _____, California, on _____
City Date

Defendant's Signature

DO NOT WRITE BELOW THIS LINE – FOR COURT USE ONLY

COURT'S DECISION PER VEHICLE CODE §13201.5

- The Court Recommends a restricted driver's license be issued for the following purposes:
 To and from work To and from school To and from treatment program
 During the course of work Other: _____

- The Court will NOT recommend a restricted license be issued because:
 No critical need has been shown Other reason: _____

Dated: _____
Judicial Officer

WARNING: YOUR DRIVER'S LICENSE HAS BEEN SUSPENDED. It is ILLEGAL to drive. You must contact the Department of Motor Vehicles at (916) 227-2970 to schedule an appointment to request a restricted license.

PROOF OF SERVICE BY MAIL

D. HARMON of the County of Amador, State of California, and not a party to the within entitled action, served the attached.

REQUEST FOR RECOMMENDATION

on the parties in said action, by placing a true copy thereof enclosed in a sealed envelope with postage thereon addressed as shown, for collection and mailing pursuant to the ordinary business practice of the office which is that mail is collected and deposited with the United States Postal Service on the same day in the ordinary course of business.

AMADOR COUNTY OFFICE OF THE DISTRICT
ATTORNEY
708 COURT STREET
JACKSON, CA 95642

COUNSEL FOR PEOPLE

(VIA INTER OFFICE MAIL)

AMADOR COUNTY PROBATION DEPARTMENT
675 NEW YORK RANCH ROAD
JACKSON, CA 95642

(VIA INTER OFFICE MAIL)

[YOUR NAME]

DEFENDANT

[YOUR MAILING ADDRESS]

[YOUR MAILING ADDRESS]

[YOUR PHONE NUMBER]

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[TO BE COMPLETED BY CLERK]

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

Executed at Jackson, California on _____.

D. HARMON, CLERK

By _____
Deputy Clerk