

STATE OF SOUTH DAKOTA)
)SS
 COUNTY OF _____)
 STATE OF SOUTH DAKOTA,)
 Plaintiff,)
 vs.)
)
 _____)
 Defendant.)

IN CIRCUIT COURT
 FOURTH JUDICIAL CIRCUIT
 CASE # _____
 APPLICATION FOR
 RESTRICTED DRIVING PERMIT

I, _____, make this application for a restricted driving permit for the purpose(s) of:

- 1) **Purposes of Employment.** I am employed by _____, at _____ . Attached is a letter from my employer confirming my employment.
- 2) **Purposes of School Attendance.** I am or will be attending school at _____, in _____ . Attached is written confirmation of my enrollment.
- 3) **Purposes of Attendance at Counseling.** I am or will be attending counseling at _____ . Attached is a letter from my counselor.
- 4) **Prior Revocations.** Has another Court or Courts or the DSS Office of Child Support Enforcement ever revoked your driving privileges? Please indicate the approximate date, county and whether the revocation is still in effect. _____
 _____.

Check one of the following:

____ I am currently on probation and my probation officer is _____.

____ I am currently on parole and my parole agent is _____.

I am requesting authorization to operate a motor vehicle only between the hours listed on the days indicated below:

Hrs: _____ AM/PM to _____ AM/PM Days: _____
 Hrs: _____ AM/PM to _____ AM/PM Days: _____
 Hrs: _____ AM/PM to _____ AM/PM Days: _____

I list the following vehicles which I will be driving, own, or have access too:

1. _____ Year _____ Make _____ Model _____ Color

2. _____ Year _____ Make _____ Model _____ Color
 3. _____ Year _____ Make _____ Model _____ Color

I have provided a copy of this Application to the States Attorney’s office for current charge and it has provided its position below:

The State of South Dakota hereby:

- Approves: Comment: _____
- No Position: Comment: _____
- Objects: Comment: _____

INITIALS

_____ **I have successfully completed a court-approved chemical dependency counseling program. (Attach a copy of your proof of completion.)**

_____ **I have proof of financial responsibility. (Attach written proof of insurance.)**

_____ **I agree to totally abstain from the use of alcohol or any illegal substance (i.e. total abstinence) – not just while driving.**

_____ **I agree to warrantless search and seizure of bodily fluids, at the request of any law enforcement officer, without the requirement of a search warrant or a showing of probable cause.**

_____ **I understand that this restricted permit, if issued, will be valid for that time period specified on the permit, and must coincide with proof of financial responsibility, unless earlier cancelled by the issuing court for good cause.**

Dated this _____ day of _____, 20____.

 Applicant’s Signature

Subscribed and sworn to before me this _____ day of _____, 20____.

 Notary Public/Clerk/Deputy Clerk
 My Commission Expires _____

ORDER FOR PERMIT

This Court having reviewed the Application for Restricted Driving Permit and all conditions met by the applicant and for good cause shown, **IT IS HEREBY**

ORDERED, the applicant is granted a restricted driving permit.

Dated this _____ day of _____, 20____.

BY THE COURT:

Circuit Court Judge

ATTEST:

Clerk of Courts

Deputy

INSTRUCTION SHEET

1. Applicant must complete Application for Restricted Driving Permit.*
2. Applicant's signature on the Application must be notarized or signed before the Clerks of Courts.
3. Applicant must take Application to State's Attorney's Office for their position.
4. Applicant must file the original Application with the Clerk of Courts in the county where the defendant was sentenced.
5. The Court will review the Application when time permits and issue an Order or deny the permit on the Application.

*Application forms are available at any 4th Circuit Clerk of Court's offices or Court Services offices, the Administrative Office in Sturgis, or can be accessed via the 4th Circuit web site - https://uj.s.sd.gov/Fourth_Circuit/Local_Forms_And_Policies/Default.aspx