

INSTRUCTIONS

PETITION FOR RESTORATION OF DRIVING PRIVILEGES

If you received a lifetime revocation of your driving privileges as a result of a DUII conviction in this county, you may petition the court for restoration of driving privileges if you meet the following criteria:

More than 10 years have passed since the following:

1. You were released on parole or post-prison supervision for the crime for which your driving privileges were revoked and any other crime arising out of the same criminal episode;
2. You were sentenced to probation for the crime for which your driving privileges were revoked, unless the probation was revoked, in which case the petition may be filed no sooner than 10 years after the revocation;
3. You were sentenced without probation or prison for the crime for which your driving privileges were revoked, if neither of the above applies.
4. The date of any other conviction for a crime involving a motor vehicle.

You must file a petition in a form provided with this packet (*Form 1*) and must serve the district attorney of this county with a copy of your petition and thereafter file a “certificate of service” (*Form 2*) attesting to the district attorney having been served.

There is a filing fee for the petition which you must pay unless the court finds, based on your economic situation that you are eligible for waiver or deferral of those fees. Current filing fee is located at www.courts.oregon.gov/pages/fees.aspx

The court will hold a hearing on your petition and will consider the following in deciding whether to grant reinstatement of your driving privileges:

1. The nature of the offense for which your privileges were revoked. This includes not just the conviction, but the surrounding circumstances at the time.
2. The degree of violence involved in the offense. This means whether there was a crash and whether other persons were hurt or endangered.
3. Your criminal and relevant noncriminal behavior both before and after the conviction that resulted in the revocation.
4. If you were under supervision, the recommendation of your probation, parole or post-prison supervising officer or that officer’s department including whether you are presently a threat to the safety of the public.
5. If required as a part of your sentence, whether you successfully completed an alcohol or drug treatment program in a facility or with an agency approved by the Director of the Oregon Health Authority or a similar program in another jurisdiction.
6. Any other relevant factors including, but not limited to, your period of sustained sobriety, your continued participation in treatment or other recovery programs, your positive contributions to society, character references of other responsible citizens.

You should bring any appropriate documentation you have in support of your petition including, but not limited to, proof of completion of a qualified drug or alcohol treatment program.

The court must conclude by clear and convincing evidence that you are rehabilitated and do not pose a threat to the safety of the public.

DO I NEED A LAWYER?

If you have questions about how the law works or what other issues may arise, you may want to talk to a lawyer. Court staff cannot give you legal advice. If you need help finding a lawyer, call the Oregon State Bar’s Lawyer Referral Service at 503.684.3763 or 800.452.7636 or go to www.oregonstatebar.org

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF YAMHILL

In the Matter of the Restoration of
Oregon Driving Privileges of:

Case No. _____

_____,
Petitioner,
v.
Kathryn Lynch, District Attorney,
Respondent.

**PETITION FOR AN ORDER TO
RESTORE DRIVING PRIVILEGES
PURSUANT TO ORS 809.235(2)(a)**

The Petitioner hereby seeks an Order of this Court restoring his/her Oregon Driving Privileges pursuant to ORS 809.235(2)(a). Petitioner alleges the following circumstances exist as of the date of this Petition:

1. Ten (10) years have elapsed since the Petitioner was:

- ☐ Released on parole or post-prison supervision for the crime for which the Petitioner's driving privileges were revoked and any other crimes arising out of the same criminal episode. OR
- ☐ Sentenced to probation for the crime for which the Petitioner's driving privileges were revoked. OR
- ☐ Revoked from probation for the crime for which the Petitioner's driving privileges were revoked. OR
- ☐ Sentenced for the crime for which the Petitioner's driving privileges were revoked, and the Petitioner was not imprisoned, sentenced to probation or placed on probation for the crime for which the Petitioner's driving privileges were revoked.

2. The Petitioner has not been convicted of any criminal offense involving a motor vehicle since the one which resulted in the driving privilege revocation that is the basis of this Petition.

3. The details of the crime for which Petitioner's driving privileges were revoked (and any other crime(s) arising out of the same criminal episode) are:

NAME OF CRIME(S): _____

CASE NUMBER(S): _____

DATE OF CONVICTION(S): _____

DATE OF SENTENCING: _____

IF APPLICABLE, DATE OF PRISON RELEASE: _____

IF APPLICABLE, DATE PROBATION REVOKED: _____

4. Information relevant to the factors in ORS 809.235(3) follows:

NATURE OF OFFENSE: _____

VIOLENCE, IF ANY, INVOLVED IN THE OFFENSE: _____

RELEVANT CRIMINAL & NONCRIMINAL BEHAVIOR BEFORE & AFTER

THE CONVICTION: Describe what was your life like before the conviction? After? What efforts had you made to attain sobriety before? After? Did you have a criminal history before? Attach any documents showing completion of treatment, etc.:

OTHER EVIDENCE OF REHABILITATION: _____

(Attach additional sheets, if necessary. Additional documents or information may be presented at a hearing.)

5. The Petitioner has completed an alcohol or drug treatment program in a facility approved by the Director of the Oregon Health Authority or a similar program in another jurisdiction, and the Certificate of Completion is attached to this Petition as *Exhibit A*.
6. This Petition will be served on the Respondent as required by law promptly after filing and petitioner will file a proof of service.
7. Recommendation of defendant's probation or post-prison officer, including name, department, and opinion as to whether the petitioner poses a risk of safety to the public.

Certificate of Document Preparation. Check all that apply:

- ☐ I chose this form for myself and completed it without paid help.
☐ A legal help organization helped me choose or complete this form, but I did not pay money to anyone.
☐ I paid (or will pay) _____ for help choosing, completing, or reviewing this form.

I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use as evidence in court and I am subject to penalty for perjury.

Date

Petitioner Signature

Name (printed)

Contact Address

City, State, ZIP

Contact Phone

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF YAMHILL

In the Matter of the Restoration of)
Oregon Driving Privileges of:)

Case No. _____

_____,)
Petitioner,)

CERTIFICATE OF SERVICE

v.)

Kate Lynch, District Attorney,)
Respondent.)

I, _____, Petitioner in the above matter

certify that on _____, I served a copy of the *Petition for an Order to Restore Driving Privileges Pursuant to ORS 809.235* upon the Yamhill Co. District Attorney by:

☐ mail or ☐ delivering a copy of the Petition to:

Yamhill County District Attorney
535 NE Fifth St.
McMinnville, OR 97128

Certificate of Document Preparation. Check all that apply:

- ☐ I chose this form for myself and completed it without paid help
☐ A legal help organization helped me choose or complete this form, but I did not pay money to anyone
☐ I paid (or will pay) _____ for help choosing, completing, or reviewing this form

I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use as evidence in court and I am subject to penalty for perjury.

Date

Signature of Petitioner/Server

Print Name