AOC-492.1 Doc. Code: AHDT Rev. 7-20 Page 1 of 2 Commonwealth of Kentucky Court of Justice www.kycourts.gov KRS 532.356; 601 KAR 12.020, Sec. 3 and APPLICATION FOR HARDSHIP DRIVER'S LICEN (RESTITUTION OWED /THEFT-RELATED OFFENS 601 KAR 12.060, Sec. 3 COMMONWEALTH OF KENTUCKY VS. Name: Address: Comes the Defendant and provides the following information in support of a req 1. On \_\_\_\_\_\_, 2 \_\_\_\_, I □ plead guilty to **OR** □ was Circuit/District Court. 2. I was convicted and sentenced to pay restitution in the amount of \$ 3. Suspension of my driver's license hinders my ability to: (Check all that apply ☐ Continue my employment. □ Continue attending scho ☐ Obtain necessary medical care. ■ Attend court-ordered cou ☐ Attend driver improvement, alcohol, or substance abuse education program

Time: \_\_\_\_\_ □ a.m. □ p.m.

	Case No.
	Court
	County
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Commonwealth of Kentucky Court of Justice www.kycourts.gov		OF JUSTICE	County		
KRS 532.356; 601 KAR 12.020, Sec. 3 and	APPLICATION FOR	HARDSHIP DRIVER'S LICENSE			
601 KAR 12.060, Sec. 3		ED /THEFT-RELATED OFFENSE)	Division		
COMMONWEALTH OF KENTUCKY	<b>Y</b>		PLAINTIFF		
VS.					
Name:			DEFENDANT		
Address:					
Comes the Defendant and provides the	he following inform	ation in support of a reques	t for a hardship license:		
1. On	_, 2, I 🗖 p	lead guilty to <b>OR □</b> was fou	and guilty of a theft-related offense in		
	Circuit/Distri	ct Court.			
2. I was convicted and sentenced to	pay restitution in th	ne amount of \$	·		
3. Suspension of my driver's license	hinders my ability	to: (Check all that apply)			
☐ Continue my employment.		Continue attending school o	r an educational institution.		
☐ Obtain necessary medical care	. •	Attend court-ordered counse	d court-ordered counseling or other programs.		
☐ Attend driver improvement, alco					
	one, or education	abaco caacation programe.			
**Attach proof of motor vehicle i	insurance and no	<b>tarized documents</b> , as stat	ted on page 2 of this form, depending		
on whether the hardship license is sought for employment; educational; medical; alcohol; substance abuse education or					
treatment; court-ordered counseling	ng; or other program	ns.			
WHEREFORE, Defendant prays this	Application for Ha	ardship Driver's License will	be granted for the remainder of the		
suspension period.					
OLEDIZO LICE ON	IV.	Defendant's Signat	UITO.		
CLERK'S USE ONI		Deletidant 5 Signat	ui <del>c</del>		
Hearing Date:	, 2				
		Defendant's Attorne	ey (if any)		

## INSTRUCTIONS TO DEFENDANT FOR COMPLETING APPLICATION

When filling in your NAME as the "DEFENDANT" on page one of this form, also include your ADDRESS.

- 1. You must provide the following type of NOTARIZED document(s) depending on the reason you are requesting a license. Form AOC-492.A "Affidavit for Hardship Driver's License" may be used for this purpose.
  - A. If the license is sought for employment purposes: A written, sworn statement from your employer detailing your job, hours of employment, and the necessity for you to use a motor vehicle/motorcycle either in work at the direction of your employer during work hours, or in travel to and from work. If you are self-employed, provide the described information together with a sworn and notarized statement attesting to the truth of the above information.
  - B. **If the license is sought for education purposes:** A written, sworn statement from the school or educational institution that you attend containing your class schedule, courses being taken, and necessity for you to use a motor vehicle/motorcycle in travel to and from school or other educational institution. A license for educational purposes shall not include participation in sports, social, extracurricular, fraternal or other noneducational activities.
  - C. **If the license is sought for medical purposes:** A written, sworn statement from a physician or other medical professional licensed (but not certified) under Kentucky laws, attesting to your normal hours of treatment, and the necessity to use a motor vehicle/motorcycle to travel to and from the treatment.
  - D. If the license is sought for alcohol or substance abuse education or treatment purposes: A written, sworn statement from the director of any alcohol or substance abuse education or treatment program as to the hours in which you are expected to participate in the program, the nature of the program, and the necessity for you to use a motor vehicle/motorcycle to travel to and from the program.
  - E. If the license is sought for court-ordered counseling or other programs: A copy of any court order relating to treatment, participation in driver improvement programs, or other terms and conditions ordered by the court relating to you which require you to use a motor vehicle/motorcycle in traveling to and from the court-ordered program. The court order must include the necessity for use of a motor vehicle/motorcycle.
- 2. A sworn statement must be signed by a notary public.
- 3. **NOTE TO DEFENDANT:** The Cabinet may refuse issuance of a hardship license should your driving history reveal a current withdrawal, denial, suspension, cancellation or revocation of driving privilege in any state/licensing jurisdiction. 601 KAR 12:020, Sec. 3 and 601 KAR 12:060, Sec. 3.
- 4. IF YOU ARE COMPLETING THIS FORM ON A COMPUTER, SUBMIT THREE (3) SIGNED COPIES OF THE APPLICATION [plus the appropriate notarized Affidavit(s)] TO THE CIRCUIT CLERK. If you received this Application from the Circuit Clerk, submit only the completed three-page carbon pack [plus the appropriate notarized Affidavit(s)] to the Circuit Clerk.

## INSTRUCTIONS TO CLERK

- 1. Assign same case number as underlying charges. Stamp filed and file in same case jacket or file as underlying charges.
- 2. Do NOT collect a filing fee.
- 3. Set hearing date on next hearing day and write date and time on page 1 of this form.