



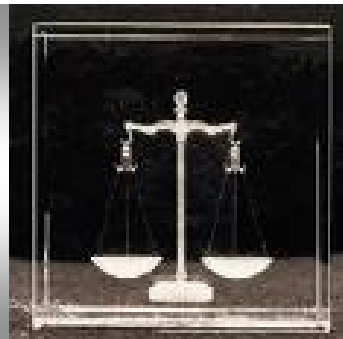
THE BELTZ LAW FIRM

10103 GARLAND ROAD DALLAS, TEXAS 75218

Ph: 214-321-4105

Fax: 214-321-4157

ATTORNEYS & COUNSELORS



LAST NAME		FIRST NAME		MIDDLE NAME	
STREET ADDRESS		STREET NAME		APT #	ZIP CODE
E-MAIL ADDRESS		Please note that if an e-mail is listed, it will be primary form of communication with you.			
WHAT IS YOUR DATE OF BIRTH?					
DL NUMBER	ISSUING STATE	EXPIRATION DATE			
HOME PHONE	CELL PHONE	EMERGENCY PHONE			
		NAME:			
		NUMBER:			
ARE YOU A COMMERCIAL DRIVER (CDL CARRIER)?					YES / NO
WAS YOUR LICENSE SUSPENDED DUE TO BREATH OR BLOOD TEST FAILURE/REFUSAL?					YES / NO
IF SO, WHAT WAS THE DATE OF THE SUSPENSION?					
WAS YOUR LICENSE SUSPENDED FOR TOO MANY TRAFFIC TICKET CONVICTIONS ON YOUR RECORD?					YES / NO
IF SO, WHAT WAS THE DATE OF THE SUSPENSION?					
WAS YOUR LICENSE SUSPENDED FOR ANY OTHER REASON NOT LISTED?					YES / NO
DESCRIBE THE REASON FOR THE CURRENT SUSPENSION					
HAS YOUR LICENSE EVER BEEN SUSPENDED BEFORE NOW FOR ANY REASON?					YES / NO
DESCRIBE THE REASON FOR THE PREVIOUS SUSPENSION					
OFFICE NOTES					

INSTRUCTIONS: PLEASE FILL OUT THE AMOUNT OF TIME THAT YOU WILL BE ON THE ROAD DRIVING FOR EITHER WORK OR PERSONAL RELATED REASONS. YOU ARE ONLY ALLOWED A MAXIMUM OF 12HR PER DAY. MAKE SURE YOU CHOOSE BLOCKS OF TIME (E.G 8AM – 5PM). ALSO DESCRIBE BELOW THE TIME BLOCK EXACTLY WHAT THE TIME IS NEEDED FOR.

ARE YOU CURRENTLY EMPLOYED?		YES / NO
EMPLOYER NAME	EMPLOYER ADDRESS	EMPLOYER PHONE NUMBER
DESCRIPTION OF THE JOB RESPONSIBILITIES		
DO YOU ATTEND COLLEGE OR ANOTHER SCHOOL PROGRAM?		YES / NO
SCHOOL NAME	SCHOOL ADDRESS	SCHOOL PHONE NUMBER
DESCRIPTION OF THE SCHOOL COURSEWORK AND SCHEDULE		
WILL YOU NEED TO DRIVE IN COUNTIES OTHER THAN ANY OF THE FOLLOWING: DALLAS, DENTON, COLLIN, ROCKWALL, TARRANT, KAUFMAN, ELLIS, JOHNSON		YES / NO
DESCRIBE THE REASON FOR THE EXTENDED TRAVEL		

MONDAY

6am	7am	8am	9am	10am	11am	12am	1pm	2pm	3pm	4pm	5pm

6pm	7pm	8pm	9pm	10pm	11pm	12pm	1am	2am	3am	4am	5am

TUESDAY

6am	7am	8am	9am	10am	11am	12am	1pm	2pm	3pm	4pm	5pm

6pm	7pm	8pm	9pm	10pm	11pm	12pm	1am	2am	3am	4am	5am

WEDNESDAY

6am	7am	8am	9am	10am	11am	12am	1pm	2pm	3pm	4pm	5pm

6pm	7pm	8pm	9pm	10pm	11pm	12pm	1am	2am	3am	4am	5am

THURSDAY

6am	7am	8am	9am	10am	11am	12am	1pm	2pm	3pm	4pm	5pm

6pm	7pm	8pm	9pm	10pm	11pm	12pm	1am	2am	3am	4am	5am

FRIDAY

6am	7am	8am	9am	10am	11am	12am	1pm	2pm	3pm	4pm	5pm

6pm	7pm	8pm	9pm	10pm	11pm	12pm	1am	2am	3am	4am	5am

SATURDAY

6am	7am	8am	9am	10am	11am	12am	1pm	2pm	3pm	4pm	5pm

6pm	7pm	8pm	9pm	10pm	11pm	12pm	1am	2am	3am	4am	5am

SUNDAY

6am	7am	8am	9am	10am	11am	12am	1pm	2pm	3pm	4pm	5pm

6pm	7pm	8pm	9pm	10pm	11pm	12pm	1am	2am	3am	4am	5am

SR-22 INSURANCE

HAVE YOU ALREADY OBTAINED SR-22 INSURANCE POLICY?	YES / NO
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IF YES, PLEASE ATTACH A COPY OF THE POLICY TO THIS QUESTIONNAIRE BEFORE TURNING IT INTO OUR OFFICE.

IF NO, YOU WILL NEED TO OBTAIN THE SR-22 INSURANCE BEFORE WE CAN SUBMIT YOUR PETITION TO THE COURT.