



**PETITION FOR STUDENT DRIVING
PRIVILEGE/LICENSE REINSTATEMENT**

Case No. _____
Court _____ District _____
County _____
Division _____

IN RE: _____
Student's Full Name

Address

XXX-XX-_____
Social Security No. (last four)

Date of Birth/Age

Comes _____, the ☐ custodial parent ☐ legal guardian ☐ next friend
of the above-named student and petitions the court to grant the student's driving privilege/license reinstatement pursuant
to KRS 159.051 for the following reason(s) (*choose all that apply*):

- ☐ The license is needed to meet family obligations or family economic considerations which, if unsatisfied, would create
an undue hardship (*describe*) _____

_____;
- ☐ The student is the only licensed driver in the household;
- ☐ The student does not have nine or more unexcused absences in the preceding semester and therefore is not a dropout;
- ☐ The student has received passing grades in at least four courses in the preceding semester and the courses meet
the educational requirements for graduation and therefore is not academically deficient.

Date

Signature

CLERK'S USE ONLY:

Hearing Date: _____

Time: _____ ☐ a.m. ☐ p.m.

Name

Address

Telephone No.

Copy Distribution:

White: Court File

Yellow: Custodial Parent, Guardian, or Next Friend

Notice to Clerk: No filing fee.