

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

STATE OF ALASKA

Plaintiff,

vs.

Defendant.

DOB: _____

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CASE NO. _____ CR

**REQUEST FOR VERIFICATION OF
ELIGIBILITY FOR LIMITED DRIVER'S LICENSE
AFTER THERAPEUTIC COURT**

INSTRUCTIONS: *This procedure is only available if you have successfully completed Therapeutic Court as part of a court-ordered treatment program under AS 28.35.028. This procedure is only available if you have a past felony conviction for operating a vehicle under the influence of alcohol or a controlled substance (AS 28.35.030). It is not available if your conviction was for refusing to submit to a chemical test (AS 28.35.032).*

NOTE: The court will not grant you a limited driver's license. *The Division of Motor Vehicles (DMV) may do that if you first prove to the court that you meet the eligibility requirements below. If the court determines you meet the eligibility requirements, you must still provide the DMV with the following: (1) a copy of the court's verification of eligibility for a limited driver's license; (2) proof of insurance as required by AS 28.20.230 and 28.20.240; (3) proof of installation of the ignition interlock device on every vehicle you operate; (4) an affidavit signed at the DMV agreeing to the use of the ignition interlock device; and (5) any other additional requirements and fee payments.*

REQUEST

I, _____, had my license revoked for a felony conviction under AS 28.35.030. I request a verification showing I may be eligible for a limited driver's license because I successfully completed Therapeutic Court as part of a court-ordered treatment program under AS 28.35.028 on the following date: _____.

Date	Defendant's Signature
Defendant's Mailing Address	City State ZIP Daytime Phone

ORDER

- Request granted.** A certificate of successful completion of Therapeutic Court as part of a court-ordered treatment program is attached.
- Request denied.**

Date	Judge
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I certify that on _____
a copy of this order was given or sent to:

Type or Print Judge's Name

Clerk: _____