

**APPLICATION FOR REPRIEVE
OF
FIFTEEN-YEAR LICENSE REVOCATION**

Name: _____
Last First Middle

Social Security Number: _____

List below all the names or surnames you have used or been known by and describe when, how, and why your name was changed.

Last, First, Middle	Used From	Used To	Description of Change
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Sex: Male Female **Date of Birth:** Month ____ Day ____ Year ____

Place of Birth (City, State, Country): _____

Name, address, and phone number of legal counsel (if any):

Name _____

Address _____

Legal Counsel Phone (_____) _____

Your mailing address for the next six months:

Address _____

P.O. Box _____ Apartment _____

City _____ County _____

State _____ Zip Code _____ Country _____

Phone number _____

License revocation you are seeking to have commuted:

Date of Offense _____ County of Offense _____

Date of Sentencing _____

Other 15-year Revocations:

Have you received any other lifetime or 15-year license revocations? Yes No

Date of Offense _____ County of Offense _____

Date of Sentencing _____

Date of Offense _____ County of Offense _____

Date of Sentencing _____

Attach an additional sheet if necessary.

Personal Information

1. Give name and age of the following:

a. *Spouse (or former spouse)* _____

b. *Children* _____

How many live with the applicant? _____

c. *Father* _____

d. *Mother* _____

e. *Sisters* _____

f. *Brothers* _____

2. State the highest grade of education you have completed: _____

3. Name and address of high school: _____

4. Any higher education degrees completed: _____

5. Have you ever been a member of the United States Armed Forces? Yes No

a. *If "yes", what branch?* _____

b. *Active* _____ *Reserve* _____

6. Dates of duty: _____

7. Date of discharge: _____

8. Type of discharge: _____
Addresses Since the Date of the Order of Revocation

List every permanent and temporary residence you have had since the date of the order of revocation. All periods of time must be accounted for. List addresses in reverse chronological order starting with your current address.

Current Address From Mo./Yr. _____

Address _____ Apt. _____
City _____ County _____
State _____ Zip _____ Country if not United States _____

From Mo./Yr. _____ **To Mo./Yr.** _____

Address _____ Apt. _____
City _____ County _____
State _____ Zip _____ Country if not United States _____

From Mo./Yr. _____ **To Mo./Yr.** _____

Address _____ Apt. _____
City _____ County _____
State _____ Zip _____ Country if not United States _____

From Mo./Yr. _____ **To Mo./Yr.** _____

Address _____ Apt. _____
City _____ County _____
State _____ Zip _____ Country if not United States _____

From Mo./Yr. _____ **To Mo./Yr.** _____

Address _____ Apt. _____
City _____ County _____
State _____ Zip _____ Country if not United States _____

From Mo./Yr. _____ **To Mo./Yr.** _____

Address _____ Apt. _____
City _____ County _____
State _____ Zip _____ Country if not United States _____

Attach a separate sheet if necessary to include all addresses.

Employment

List every job you have held since the date of the revocation order beginning with your current, or most recent, job. Include self-employment, temporary, and part-time employment. Account for any periods you were unemployed.

From Mo./Yr. _____ **To Mo./Yr.** _____
Employer _____ *Supervisor* _____
Address _____
City _____ *County* _____
State _____ *Zip* _____ *Country if not United States* _____
Phone (_____) _____
Occupation _____
Reason for Leaving _____

From Mo./Yr. _____ **To Mo./Yr.** _____
Employer _____ *Supervisor* _____
Address _____
City _____ *County* _____
State _____ *Zip* _____ *Country if not United States* _____
Phone (_____) _____
Occupation _____
Reason for Leaving _____

From Mo./Yr. _____ **To Mo./Yr.** _____
Employer _____ *Supervisor* _____
Address _____
City _____ *County* _____
State _____ *Zip* _____ *Country if not United States* _____
Phone (_____) _____
Occupation _____
Reason for Leaving _____

From Mo./Yr. _____ **To Mo./Yr.** _____
Employer _____ *Supervisor* _____
Address _____
City _____ *County* _____
State _____ *Zip* _____ *Country if not United States* _____
Phone (_____) _____

Occupation _____
Reason for Leaving _____
From Mo./Yr. _____ **To Mo./Yr.** _____
Employer _____ Supervisor _____
Address _____
City _____ County _____
State _____ Zip _____ Country if not United States _____
Phone (_____) _____
Occupation _____
Reason for Leaving _____

From Mo./Yr. _____ **To Mo./Yr.** _____
Employer _____ Supervisor _____
Address _____
City _____ County _____
State _____ Zip _____ Country if not United States _____
Phone (_____) _____
Occupation _____
Reason for Leaving _____

From Mo./Yr. _____ **To Mo./Yr.** _____
Employer _____ Supervisor _____
Address _____
City _____ County _____
State _____ Zip _____ Country if not United States _____
Phone (_____) _____
Occupation _____
Reason for Leaving _____

From Mo./Yr. _____ **To Mo./Yr.** _____
Employer _____ Supervisor _____
Address _____
City _____ County _____
State _____ Zip _____ Country if not United States _____
Phone (_____) _____
Occupation _____
Reason for Leaving _____

Attach another sheet if necessary.

Since the date of the revocation order, have you been terminated, suspended, or allowed to resign in lieu of termination? Yes No

If "yes", on a separate sheet of paper provide a brief explanation of the circumstances of each occurrence.

Contacts with Law Enforcement

Since the date of your revocation order, have you been cited, arrested, charged, or convicted for any violation of any law? Yes No

*If "yes", complete a **Form A** for each citation, arrest, charge or conviction.
(You may make copies of **Form A** as needed.)*

Civil Actions/Lawsuits

Since the date of your revocation order, have you been a party in any lawsuits or any other civil or administrative proceedings? Yes No

*If "yes", complete a **Form B** for each lawsuit, civil or administrative proceeding.
(You may make copies of **Form B** as needed.)*

Traffic Violations

Have you had any traffic violations since the date of your revocation order? Yes No

*If "yes", complete a **Form C** for each traffic violation.
(You may make copies of **Form C** as needed.)*

Alcohol and Driving History

1. **Have you been convicted of an alcohol related offense in Nebraska or any other state since the order of revocation?**

Yes No

If "yes", list all offenses on a separate sheet and attach a copy of your criminal and/or driving record from all the states where you have a conviction.

2. **Have you been involved in an accident while you had alcohol in your body?**

Yes No

*If "yes", complete a **Form D** for each accident.
(You may make copies of **Form D** as needed.)*

Maintaining Sobriety

Please discuss how you plan to maintain sobriety.

1. **Have you completed substance abuse treatment?** Yes No

- a. Where? _____
- b. When? _____
- c. Was it successful? PLEASE DESCRIBE: _____

2. **Are you participating in a recognized alcohol or drug self-help program such as Alcoholics Anonymous or Narcotics Anonymous?** Yes No

- a. How long have you attended? _____
- b. How often do you attend? _____
- d. Name and address of your sponsor, if any: _____

- e. Name and address of any other persons who can attest to your participation and sobriety: _____

3. **Are you participating in a counseling program or after-care program?** Yes No

- a. How long have you attended? _____
- b. How often do you attend? _____
- c. Name and address of program: _____

- d. Name and address of professional/counselor: _____

4. **If you do not participate in a recognized support system, are you involved with any informal support system?** Yes No

- a. Describe the support system: _____

Court Record

Attach a copy of the court record of the conviction that resulted in your 15-year license revocation. The record must show the date you were sentenced and the sentence you received. (Note: In most counties, you can ask for a copy of the docket sheet or card.)

Receipt

Attach a copy of a receipt or other document showing that all court costs associated with your conviction have been paid.

OATH OF APPLICANT

State of _____)
County of _____) ss.

I have read the foregoing questions and have answered them fully and frankly. The answers are complete and true of my own knowledge. The attachments to this application are also complete and true of my own knowledge. I understand that giving false information is grounds for a recommendation of denial.

Signature of Applicant

Date

SUBSCRIBED AND SWORN to before me this _____ day of _____,
A.D. _____.

Notary Public

SEAL OR STAMP MUST BE AFFIXED.

Affidavits

You must include with the application three (3) affidavits. Only one (1) may be from a relative or employer. All three (3) affidavits must be from people who participate in your recovery program and who are willing to swear under oath that they know you well, that to the best of his or her knowledge you do not drive a motor vehicle, and you are currently abstaining from the consumption of drugs and alcohol.

To the Affiant:

The person presenting this to you has been convicted of driving under the influence of alcohol or drugs at least three (3) times. His or her license has been revoked for 15 years as part of the court's sentence. Nebraska permits a person who has served at least seven (7) years of a 15-year revocation to make an application to the Department of Motor Vehicles to have the license reinstated. Based on the application, the Director of the Department of Motor Vehicles will make a recommendation to the Board of Pardons. This affidavit is required as part of the application process.

You must answer the following questions completely and truthfully:

1. Your name _____
Your address _____
Phone number where you can be reached weekdays between 8 a.m. and 5 p.m.
(_____) _____
Please indicate most convenient times to reach you: _____

2. Name of person for whom you are making this affidavit: _____

3. Relationship to the applicant? _____
4. How do you know the applicant? _____

5. How long have you known him or her? _____
6. Does the applicant participate in an established self-help program (Alcoholics Anonymous, Narcotics Anonymous, etc.) Yes No
If "yes", what program _____
7. If "no", does the applicant participate in an informal or other kind of self-help program to help maintain sobriety? Yes No
8. Describe that self-help program or support group? _____

9. How often does the applicant participate? _____

10. How do you help the applicant stay sober? _____

11. To your knowledge, does he or she consume drugs or alcohol? Yes No
If "yes", please state what you know about his or her alcohol or drug consumption: _____

If "no", please explain why you think he or she is abstaining from alcohol and/or drugs: _____

12. To your knowledge, when was the last time he or she consumed alcohol or drugs: _____

13. To your knowledge, does he or she drive a motor vehicle? Yes No
If "yes", please explain what you know about his or her driving: _____

14. What changes have you seen in the applicant since he or she began recovery: _____

15. Is there anything else you want to say about the applicant? _____

(Attach additional paper if needed for any of the questions.)

State of _____)
County of _____) ss.

I, _____, being first duly sworn state that I am well acquainted with _____, and I have completely and truthfully answered the questions in this affidavit.

Signature of Affiant

Date

SUBSCRIBED AND SWORN to before me this _____ day of _____, A.D. _____.

Notary Public

SEAL OR STAMP MUST BE AFFIXED.

RELEASE

As a part of this application, I have undergone a drug and alcohol evaluation done by _____ on _____. I am either providing the evaluation with my application, or it will be sent to the Department separately.

I authorize the Department to make the evaluation part of my application and to send it to the Board of Pardons along with my application. I understand the evaluation will be kept confidential in the files of the Department and the Board of Pardons.

Signature of Applicant

Date

SUBSCRIBED AND SWORN to before me this _____ day of _____,
A.D. _____.

Notary Public

SEAL OR STAMP MUST BE AFFIXED.

CURRENT EVALUATION

You must include with the application an evaluation by a state-certified drug and alcohol counselor. You are required to provide the counselor access to all records of past alcohol and drug treatment.

Give this form and the attached release of information form to the evaluator prior to the evaluation. ***The evaluator must sign this form and return it with the completed application.***

To the Evaluator:

The person you are evaluating has been convicted of driving under the influence of alcohol or drugs at least three (3) times. His or her license has been revoked for 15 years as part of the court's sentence. Nebraska permits a person who has served at least seven (7) years of a 15-year revocation to make an application to the Department of Motor Vehicles to have the license reinstated. Based on the application, the Director of the Department of Motor Vehicles will make a recommendation to the Board of Pardons, which will make the final decision. The Board of Pardons may make additional investigation.

As part of the application process, the applicant is required to submit to a current evaluation from a state certified counselor. The state requires that the evaluation include use of screening tools like the SASSI, Western Personality Inventory, Signs and Symptoms Checklist, and Mortimer-Filkens. A depression screen like Beck Depression Scale is encouraged. The evaluation must also include a collateral investigation, which must include a confirmation of substance abuse treatment the applicant has completed since the date of the 15-year revocation order and interviews with persons who know the applicant.

In order to be eligible for consideration for reinstatement, the applicant must **at a minimum** demonstrate that since the date of the 15-year revocation order that:

1. he or she has not been arrested for driving under the influence of alcohol or drugs;
2. he or she has not been convicted of driving under suspension;
3. he or she has completed a state certified treatment program; **or** can demonstrate recovery from the dependence on or tendency to abuse alcohol and/or drugs without state-certified treatment;
4. his or her license is not subject to revocation for any other reason; **and**
5. he or she has abstained from the consumption of alcohol or drugs (except as physician prescribed) for a period of time sufficient to establish continuing recovery.

The Department of Motor Vehicles can require any other evidence it deems necessary to determine that the person is no longer a danger to the public safety. In part to help meet the minimum requirements, and to help establish that the person is no longer a danger to public safety, the Department requires the person to submit to the Department an evaluation of his or her current state of recovery from the dependence on or tendency to abuse alcohol and/or drugs.

The applicant is required to sign a release authorizing you to get a copy of treatment records. He or she is also required to sign a release authorizing you to send the evaluation to the Director of the Nebraska Department of Motor Vehicles.

The evaluation must address the following questions:

1. Does the evidence gathered in your evaluation clearly indicate if the person is currently abstaining from the consumption of alcohol and/or drugs (except as prescribed)?
2. If so, how long has the person abstained?
3. TREATMENT:
 - (a) Has the applicant successfully completed state-certified treatment?
 - (b) When did the applicant complete the treatment?
 - (c) Where was the treatment? What kind of treatment was it?
 - (d) Has the applicant abstained from alcohol or drug consumption since completion of treatment?
 - (e) Is additional treatment recommended?
4. RELAPSE: What are the risk factors for this particular individual? What are the factors weighing in favor of continued successful recovery?
5. What ongoing support, treatment, or aftercare is the applicant participating in?

Please provide a copy of the evaluation to:

LEGAL DIVISION
Department of Motor Vehicles
301 Centennial Mall South
P.O. Box 94699
Lincoln, Nebraska 68509-4699

Questions should be addressed to: LEGAL DIVISION at the same address. Phone: (402) 471-9593.

I have reviewed the foregoing instructions for completing a substance abuse evaluation for use in connection with an application for a reprieve of a 15-year license revocation.

Printed name of evaluator

Signature

Form A: Record of Criminal Action

Report all law enforcement contacts that resulted in an arrest or citation regardless of final disposition.

Name: _____
Last First Middle

Date of incident (or time period involved): _____

Location: _____
City County State

Brief description of incident: _____

Name and address of law enforcement agency involved: _____

Name and address of court involved: _____

Charges at time of arrest: _____

Charges at time of trial: _____

Date of final disposition: _____

Final disposition: _____

Have you been jailed or imprisoned since the date of the revocation order? Yes No

If "yes", date of incarceration. *From* _____ *To* _____

Name of institution _____

Address _____
City County State Zip

Attach a copy of the complaint, indictment, trial disposition, sentence, and appeal, if any.

Form B: Record of Civil Actions/Lawsuits

Name: _____
Last *First* *Middle*

Complete title of action: _____

Name and address of court involved:

Name of Court: _____

Address: _____

City _____ *State* _____ *Zip* _____

Trial date: _____

Brief description of type of action: _____

You may be required to provide more information, depending on the nature of the case.

Form C: Record of Traffic Infractions

Report all traffic infractions, including minor infractions.

Name: _____
Last *First* *Middle*

Date of incident (or time period involved): _____

Location: _____
City *County* *State*

Brief description of incident: _____

Name and address of law enforcement agency involved: _____

Name and address of court involved: _____

Charges at time of arrest: _____

Charges at time of trial: _____

Date of final disposition: _____

Final disposition: _____

Attach a copy of the final disposition.

Form D: Accident History

Report all accidents involving alcohol.

Name: _____
Last *First* *Middle*

1. Date of accident: _____

2. Location of accident: _____

3. Name of law enforcement agency that investigated accident: _____

4. Names of persons injured: _____

5. Names of persons killed: _____

6. Describe how the accident occurred: _____

Attach a copy of the accident report.

AUTHORIZATION AND RELEASE

I, (Name) _____
born at (City) _____, (State) _____ (Country) _____
on (Date) _____, having filed with the Director of the
Department of Motor Vehicles an application for a recommendation to the Board of Pardons
regarding the reinstatement of my license, hereby apply for and consent to an investigation as
to my use or abstention of alcohol and/or drugs, traffic and criminal law violations, and any other
matter which may be relevant in ascertaining whether or not a recommendation of reinstatement
should be made.

I also authorize and request every person, firm, company, corporation, governmental
agency, law enforcement agency, court, association or institution having control of any
documents, records or other information pertaining to me, to furnish to the Nebraska
Department of Motor Vehicles any such information, and to permit the Nebraska Department of
Motor Vehicles to inspect and make copies of any such documents, records, or other such
information.

I authorize the National Personnel Records Center in St. Louis, MO, or other custodian
of my military records to release to the Nebraska Department of Motor Vehicles information or
photocopies from my military personnel and related medical records, or only the following
information/records: _____
This could include a copy of my DD Form 214, Report of Separation.

I hereby release, discharge and exonerate the Nebraska Department of Motor Vehicles,
its agents and representatives, and any person so furnishing information from any and all
liability of every nature and kind arising out of the furnishing or inspection of such documents,
records, and other information or the investigation made by the Nebraska Department of Motor
Vehicles. I understand that I may request copies of such documents, records or other
information as may be available to me by law.

I authorize custodians of documents, records and other sources of information pertaining
to me to release such information upon request of the Nebraska Department of Motor Vehicles,
regardless of any previous agreement to the contrary.

Copies of this authorization that show my signature are as valid as the original signed by
me.

State of _____
ss. *Signature of Applicant* _____

_____ *Date*

Subscribed and sworn before me this ____ day of
_____ A.D., _____

Notary Public

SEAL OR STAMP MUST BE AFFIXED TO ORIGINAL.