State of Minnesota **District Court** County of: Judicial District: Court File Number: Case Type: Petitioner (first, middle, last) **Petition for Hearing on Reinstatement of Driver's License** VS. (Minn. Stat. § 171.19) Commissioner of Public Safety Respondent Petitioner petitions this Court for reinstatement of his/her driving privileges pursuant to Minn. Stat. §171.19 and states as follows: 1. My name is and I currently live at Apt. # Street State Zip Code City County (date), I received notice from the Department of 2. On or about Public Safety, Driver and Vehicle Services Division, that stated my driver's license will be or was (check the box that applies): refused suspended revoked cancelled disqualified effective \_\_\_\_\_ (date), for a period of \_\_\_\_ \( \text{days} \) years. 3. The notice states that my license was taken because: and that the incident occurred in (name of city) 4. My license was not revoked or disqualified under Minn. Stat. §§ 169A.52 or 171.177 for failing or refusing a chemical test to determine intoxication, and was not suspended for nonpayment of support under Minn. Stat. § 171.186. 5. For the license problem described at #2 and #3:

☐ This is the first time I have filed a court Petition for reinstatement of my driver's license <b>OR</b>	
☐ I previously filed a Petition and the	ne court denied my request to get my driver's license
reinstated. The hearing date was the hearing date. (If it is less than	
6. My date of birth is	
7. My driver license number is	
8. I believe my license should be reinstated because:	
9.	
☐ I am filing this petition before the cancellation, disqualification or	he expiration date of the revocation, suspension, refusal.
Wherefore, petitioner seeks judgment of this Court as follows:	
1. Reinstatement of petitioner's driving privileges pursuant to Minn. Stat. §171.19.	
2. For such other and further relief as the Court deems just and proper.	
Dated:  County and State where signed	Signature Name:  Address:  City/State/Zip: Telephone:
	E-mail address: