NEBRASKA ADMINISTRATIVE CODE

TITLE 247, NEBRASKA ADMINISTRATIVE CODE, CHAPTER 12

NEBRASKA DEPARTMENT OF MOTOR VEHICLES

RULES AND REGULATIONS GOVERNING THE DEPARTMENT OF MOTOR VEHICLES RECOMMENDATIONS TO THE BOARD OF PARDONS FOR ~~REINSTATEMENT~~ REPRIEVE OF OPERATOR'S LICENSES REVOKED PURSUANT TO NEB. REV. STAT. §§ 60-6,196, 60-6,197 AND 60-6,199 THROUGH 60-6,209, PURSUANT TO NEB. REV. STAT. §§ 83-1,127 AND 83-1,129.

Approval Date: ~~October 2, 1998~~

Amendment Date: _____

NEBRASKA ADMINISTRATIVE CODE

TITLE 247 NEBRASKA DEPARTMENT OF MOTOR VEHICLES

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NEBRASKA ADMINISTRATIVE CODE

TITLE 247 Nebraska Department of Motor Vehicles CHAPTER 12

APPROVAL DATE: ~~October 2, 1998~~.

CHAPTER 12 RULES AND REGULATIONS GOVERNING THE DEPARTMENT OF MOTOR VEHICLES RECOMMENDATIONS TO THE BOARD OF PARDONS FOR ~~REINSTATEMENT~~REPRIEVE OF OPERATOR'S LICENSES REVOKED PURSUANT TO NEB. REV. STAT. §§ 60-6,196, 606,197 AND 60-6,199 THROUGH 60-6,209, PURSUANT TO NEB. REV. STAT. §§ 83-1,127 AND 83-1,129.

001 SCOPE. Neb. Rev. Stat. § 60-6,209 provides an avenue for persons currently under a fifteen-year (15-year) license revocation for a driving under the influence conviction to apply for a reprieve of the revocation~~to have his or her license reinstated after seven (7) years of the fifteen-year (15-year) sentence have been served~~. The statute permits such persons to file an application with the Department of Motor Vehicles not more often than once per calendar year. The Department will act on the application by making a recommendation to the Board of Pardons. These rules and regulations govern the application and the recommendation process. The Board makes the ultimate decision and is not bound by the Department's recommendation. These rules and regulations do not govern the Board's decision making process.

002 PURPOSE. These rules and regulations relate to the discretionary authority of the Board to reprieve a criminal sentence. The rules describe the process the Department follows in arriving at a recommendation to the Board. While there are conditions and circumstances that require the Director to recommend that the application be denied, there is no circumstance or condition that requires a favorable recommendation. The Director must hold the public safety paramount to the reprieve of license revocation. The rules and regulations are to be interpreted liberally and in the spirit of public safety. Applicants are expected to be forthright and honest. Deception will be considered grounds for a recommendation of denial.

003 DEFINITIONS.

003.01 Affiant means the person who completes and signs an affidavit in front of a notary.

003.02 Applicant means any person serving a fifteen-year (15-year) license revocation sentence who has filed an application with the Department for a recommendation to the Board for a reprieve~~reinstatement~~ of ~~his or her license~~the revocation.

003.03 Application means the form prescribed by the Department upon which the applicant must request a recommendation and includes any other evidence filed by the applicant and/or any other person or agency.

003.04 Board means the Nebraska Board of Pardons.

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003.05 **Date of the revocation order** means the date the revocation goes into effect pursuant to the judgment of the court in accordance with Neb. Rev. Stat. §§ 60-6,196 and 60-6,197.

003.06 **Department** means the Nebraska Department of Motor Vehicles.

003.07 **Director** means the Director of the Department or his or her delegate acting under the Director's authority.

003.08 **Ignition interlock device** means a device that is designed to allow a driver to start a motor vehicle if the driver's BrAC is below the set point and to prevent the driver from starting the motor vehicle if the driver's BrAC is at or above the set point. ~~an electronic device with microcomputer logic and internal memory, having a breath alcohol analyzer as a major component, that interconnects with the ignition and other control systems of a motor vehicle.~~ The purpose of the ignition interlock device ~~which~~ is to measure the BrAC of ~~an intended probationary~~the driver, to prevent the motor vehicle from being started if the BrAC exceeds a preset limit as required by Neb. Rev. Stat. § 60-6,211.05, to deter and to record circumvention or tampering ~~attempts to circumvent and tamper~~ with the device. ~~and to encourage the probationary driver to adhere to the probationary requirements. The ignition interlock device, as defined in Neb. Rev. Stat. § 60-6,211.05, must meet or exceed the standards of the National Highway Traffic Safety Administration as published in Volume 57, No. 67, of the Federal Register on April 7, 1992 (57 FR 11772) for Breath Alcohol Ignition Interlock Devices, as amended.~~

003.09 Ignition Interlock Permit (IIP) means a permit issued to a driver which allows the driver to operate a motor vehicle which is equipped with an ignition interlock device. The permitted uses of the driver's IIP shall be printed on the back of the IIP. An IIP will not confer CDL privileges.

003.~~09~~10 **License** means any license or permit to operate a motor vehicle issued under the laws of this state and includes the privilege to drive whether or not a person holds a valid license or permit.

003.1~~0~~1 **Recommendation** means the written finding and conclusion of the Director based on the application. The recommendation is made to the Board, but is not binding on it.

003.1~~1~~2 **Reprieve** means lessening the severity of a fifteen-year (15-year) license revocation. A reprieve includes the possibility of restrictions on a license or ignition interlock permit (IIP) to operate a motor vehicle. The fifteen-year (15-year) revocation remains in place. The reprieve allows the applicant to obtain an ignition interlock permit (IIP) ~~reinstate a limited privilege~~ to drive until the original fifteen-year (15-year) license revocation has expired.

003.1~~2~~3 **Revocation** means the termination by a court of competent jurisdiction or any formal action of the Department of a person's operator's license, which

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termination shall not be subject to renewal or restoration. At the expiration of the period of termination, the person may make application for a new license.

003.134 State-certified substance abuse counselor means an individual certified in Nebraska in compliance with Title 209, Nebraska Administrative Code, Regulations for Certifying Alcohol/Drug Abuse Counselors Under the Division of Alcoholism, Drug Abuse and Addiction Services Act.

003.154 State-certified substance abuse program means a program certified in Nebraska in compliance with Title 203, Nebraska Administrative Code, Chapter 5.

004 APPLICATION.

004.01 Who May Apply. Any person whose operator's license has been revoked pursuant to a conviction for a violation of Neb. Rev. Stat. §§ 60-6,196, 60-6,197. and 60,6,199 to 60-6,204 for a third or subsequent time for a period of fifteen years. ~~has served seven (7) years of a fifteen-year (15-year) license revocation.~~

004.02 How often. The applicant shall only apply once per calendar year.

004.03 Fee. A nonrefundable application fee of one hundred dollars shall be submitted with the application.

004.042 Application Form. Any person applying for a recommendation must complete and file an application form prescribed by the Department. The form prescribed by the Department is included as part of these rules and regulations as *Attachment 1*. The form must be completely filled out according to the instructions accompanying the application. Incomplete applications, applications without the required fee, or applications not completed according to the instructions may be passed on to the Board with a recommendation of denial.

> **004.042A Additional Information or Documentation.** The applicant may include any additional evidence, information, or documentation he or she thinks may aid the Department in making its recommendation or the Board in making a decision. Information received after the recommendation has been made will be forwarded to the Board.

004.053 Withdrawal of Application. An applicant may withdraw his or her application for any reason at any time prior to the Director submitting a recommendation to the Board. The request to withdraw must be in writing. The fee shall not be refunded to the applicant.

004.064 Expiration of Application. If the application is not complete when it is filed, the Department will keep an open file. If the application is not complete within one (1) year of the date the Department opened the file, the Department will forward the file to the Board with a recommendation for denial.

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005 ACTION ON APPLICATION.

005.01 Receipt of Application. Upon receipt, the Director shall review the application and make a recommendation to the Board. If the applicant does not meet the minimum requirements for a favorable recommendation, the Department may forward the application to the Board with a recommendation of denial without further review or investigation.

005.02 Investigation. If the application meets the minimum requirements, the Director may, in his or her discretion, make any investigation of the applicant he or she deems necessary or desirable.

005.02A Notification: Prosecuting Attorney. The Director shall notify and request information from the prosecuting attorney in the location where the fifteen year (15-year) revocation was imposed.

005.02B Notification: Other Persons or Agencies. The Director may, in his or her discretion, notify and request information from the prosecuting attorney and/or local law enforcement agency, or any other person in any or all of the locations the applicant has lived since the date of the revocation order.

005.02C Request for Additional Information or Clarification. The Director may, in his or her discretion, request further information or clarification from the applicant. Failure to respond to the request may result in a recommendation for denial.

005.03 Investigation by Board. The Board may make its own investigation of any applicant irrespective of any investigation the Director may have conducted. The Board's investigation is not governed by these rules and regulations.

006 MINIMUM REQUIREMENTS FOR FAVORABLE RECOMMENDATION.

006.01 Minimum Requirements. The Department *may* recommend a reprieve ~~reinstatement~~ if the applicant shows the following:

006.01A Completion of State-certified Substance Abuse Program. The applicant must demonstrate that he or she has completed a state-certified substance abuse program. The program must have been completed since the date of the arrest.

006.01B Evidence of Recovery Without State-certified Treatment. If the applicant has not completed a state-certified substance abuse program since the date of the arrest, the applicant may show by other evidence that he or she is recovering or has substantially recovered from the dependency on or tendency to abuse alcohol or drugs. This evidence may be shown by the evidence in the application *(Attachment 1)*, affidavits (1-006.01C), and the current evaluation (1-006.01F), that are required of all applicants. The applicant may include any evidence he or she believes tends to establish that he or she has substantially recovered from the dependency on or tendency to abuse alcohol or drugs.

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006.01C Documentation of Involvement in a Established Self-help Program. Documentation of involvement in an established self-help program, (Alcoholics Anonymous, Narcotics Anonymous, etc.), to support abstinence must be in the form of at least two (2) affidavits from fellow program members and one (1) from a sponsor, if applicable. The affidavits must be on forms approved by the Department and may be obtained from the Department as part of the approved application form.

006.01C1 Confidentiality. The application is a public record. If anonymity is important to the affiant's own recovery, for example, if the affiant is a member of Alcoholics Anonymous, the affiant may indicate on the affidavit that he or she wants the affidavit to be confidential. If the affiant so requests, the affidavit shall be kept separate from the application and kept confidential. The affidavits so designated shall be used only by the Department and the Board in its consideration of whether to restore the applicant's privilege to drive.

006.01D Documentation of Involvement in a Support Program Other than an Established Self-help Program. If the applicant has an informal support program rather than an established support group, he or she must provide independent written documentation of the nature of that program and how it helps to support continued abstinence. This documentation must be in the form of at least three (3) affidavits, only one (1) of which may be from a relative or employer. The affidavits must be on forms approved by the Department and may be obtained from the Department as part of the approved application form.

006.01E Other Relevant Information Permitted. Any pertinent information, in addition to the minimum requirements listed above, for either support program involvement or abstinence, may be included within the letters. Of particular interest, for example, would be the writer's observations concerning any changes in the applicant's lifestyle and general attitude that may reflect the overall stability of his or her continued recovery and/or abstinence.

006.01F Current Evaluation by a State-certified Substance Abuse Counselor. The applicant must demonstrate through a current evaluation that he or she continues in recovery. If the applicant is a resident of Nebraska, the evaluation must be done by a substance abuse counselor certified in Nebraska. If the applicant is a resident of another state, he or she may secure an evaluation from a counselor certified in the State of Nebraska or a counselor certified or approved in the state of the applicant's residence. The individual or agency conducting the evaluation in another state must have the expertise and proper authorization within that state to evaluate alcohol/drug related problems. It is the responsibility of the applicant to locate such service provider and pay all costs of such treatment.

006.01F1 Additional Evaluations. The Department can require an additional evaluation if the Department determines the evaluation submitted by the evaluator of the applicant's choice is insufficient.

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006.01G Abstinence. The Director will recommend denial if there is any indication that the applicant continues to consume alcohol or drugs, except drugs taken as directed by a licensed physician. The applicant must have abstained from alcohol and drug consumption for a period sufficient to establish continuing recovery.

006.01H Subsequent Alcohol or Drug Related Driving Convictions. The Director will recommend denial if the applicant has, since the date of the revocation order, been convicted of any drunk driving offense or for refusing a chemical test in this or any other state.

006.01I Subsequent Driving under Suspension Convictions. The Director will recommend denial if the applicant has, since the date of the revocation order, been convicted of driving while under suspension, revocation, or impoundment in this or any other state.

006.01J License Otherwise Subject to Revocation. The Director will recommend denial if the applicant's license is revoked or suspended for any other reason in this or any other state.

006.01J1 Chance to Cure: Driving Related Revocations Predating Revocation Order. A revocation for some other reason may be cured if the reason for the revocation or suspension predated the date of the revocation order and the applicant is eligible for an ignition interlock permit (IIP)~~reinstatement~~, except for the fifteen-year (15-year) revocation, if the applicant demonstrates he or she has met the requirements for an ignition interlock permit (IIP).~~reinstatement. The applicant must attach to the application a completed *Attachment* 2, indicating that the applicant has met the requirements for reinstatement.~~

~~**006.01J1A Example.** "D" is sentenced to a fifteen-year (15-year) license revocation on July 1, 1990. The abstract of his driving record also indicates that his license was suspended because he failed to pay a speeding ticket from September 1, 1988. "D" can have the impediment to a favorable recommendation removed by paying the ticket and demonstrating that he has complied with all the requirements for reinstatement.~~

006.01J2 Chance to Cure: Nondriving Related License Revocations. A revocation or suspension for some other reason that is not related to driving may be cured by demonstrating compliance whether the revocation occurred before or after the date of the fifteen-year (15-year) revocation order. ~~The applicant must attach to the application a completed *Attachment* 2, indicating that the applicant has met the requirements for reinstatement.~~

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~~**006.01J2A Example.** "D" is sentenced to a fifteen-year (15-year) license revocation on July 1, 1990. On March 1, 1998, his license is suspended for failure to pay child support. If "D" meets other criteria for reinstatement, the Director will not base a recommendation of denial on the revocation for failure to pay child support.~~

007 DISCRETIONARY CONSIDERATIONS.

007.01 Evidence Demonstrating Applicant May Continue to Present a Danger to Public Safety. The Director may recommend against the reprieve ~~reinstatement~~ for any reason if he or she concludes the applicant continues to be a danger to public safety. The reasons for recommending against the reprieve ~~reinstatement~~ must be stated in writing to the Board.

008 RECOMMENDATION.

008.01 Upon Receipt of the Application. When the Director receives the application, he or she will review it and any additional evidence filed with it. The Director may, at his or her discretion, request additional evidence from the applicant. The Director may conduct any investigation he or she determines is necessary to protect the public safety. Failure to cooperate with requests for additional information may be cause for an unfavorable recommendation.

008.02 Timeliness. The Director will make a recommendation to the Board within a reasonable time, taking into consideration the completeness of the application, and the progress of any investigation the Director may deem necessary.

008.03 Written Recommendation. The Director shall make a recommendation for reprieve ~~reinstatement~~ or denial. The recommendation shall be in writing and shall briefly state the reasons for the recommendation. The Director will include with the recommendation (1) the original application; (2) all other evidence in the file, including evidence submitted by the applicant or any other person, for or against the reprieve ~~reinstatement~~; and (3) any other applications the applicant has previously filed under these rules and regulations.

008.04 Copy to Applicant. A copy of the recommendation shall be mailed to the applicant by U.S. mail at the address provided by the applicant.

008.05 Opportunity to Withdraw Application or File Written Response. At any time prior to the date the Board considers the application, the applicant shall be allowed to withdraw his or her application from consideration or make any written response. The response will be forwarded to the Board, but the Director will not amend a recommendation based on the response.

009 WITHDRAWAL OF ~~REINSTATEMENT~~REPRIEVE.

009.01 Reinstatement Conditioned on Continued Recovery. If the Board grants a reprieve, the Department will withdraw an applicant's license or ignition interlock permit (IIP) if the Department becomes aware that the applicant has been subsequently convicted of any violation of Neb. Rev. Stat. § 60-6,196 or 60-6,197, or

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comparable city or village ordinance, or any alcohol related driving offense under any law in any state.

009.01A Thirty-day (30-day) Written Notice. When the Director becomes aware of the subsequent conviction, he or she will mail notice to the applicant that his or her license or ignition interlock permit (IIP) will be summarily revoked for the remainder of the original fifteen-year (15-year) revocation period, effective thirty (30) days after the notice is mailed.

009.01B Where and How Mailed. The notice will be sent by first-class mail to the applicant at his or her last known address as shown in the records of the Department. The applicant is presumed to know of this consequence and the Department need not show that the applicant received actual notice of the summary revocation or send any other notice.

009.01C Withdrawal Independent of Any Other Court-imposed Penalty. The applicant's license or ignition interlock permit (IIP) will be revoked for the time remaining on the fifteen-year (15year) revocation without regard for any penalty that may be imposed by the court for the same offense.

~~**009.01C1 Example.** The date of the original revocation order from the court is July 1, 1990. Eligibility date is July 1, 2005. On January 2, 1998, the Board commutes the sentence and the applicant reinstates her license. On September 1, 1999, the applicant is convicted of driving while intoxicated. The Department receives notice of the conviction on October 1, 1999, and mails notice to the applicant that her license will be summarily revoked. On October 31, 1999, the applicant's license is revoked and the original date of eligibility is reinstated. The applicant is not eligible to reinstate her license again until July 1, 2005. This is without reference to any criminal penalty. If the court sentences the applicant to a shorter revocation, the applicant will not be eligible for reinstatement until July 1, 2005. If the court sentences to the applicant to a license revocation beyond July 1, 2005, the applicant will not be eligible to reinstate her license until the date set by the court. That is, the applicant cannot reinstate until the most distant date.~~

009.01D Evidence of Failure to Comply with Conditions of Reprieve. If the Director becomes aware of any evidence tending to show the applicant is violating any condition of the reprieve order, the Director will make the Board aware of the evidence.

010 ~~REINSTATEMENT~~REPRIEVE.

010.01 Notice to Department of Reprieve. If the Board grants a reprieve of ~~commutes~~ the fifteen year license revocation~~an applicant's license~~, the Board will

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notify the Department of its decision. The Board may, in its sole discretion, order any restriction it deems necessary as a condition of the reprieve or reinstatement.

010.02 ~~Reinstatement~~ Requirements. Once the Board has notified the Department of a reprieve, the successful applicant may apply to the Department for a letter ~~clearing~~authorizing him or her to apply and test for a license or ignition interlock permit (IIP). The applicant must do the following:

010.02A Reinstatement Fee. The applicant must pay to the Department a ~~revocation~~ reinstatement fee for all open withdrawals with the exception of the withdrawal(s) that are the subject of the current reprieve. The reinstatement fee for the current reprieve will be required to be paid at the end of the revocation period. The amount of the fee is set by statute.

010.02B Proof of Financial Responsibility. At the time the applicant applies to the Department for an ignition interlock permit (IIP)~~reinstatement~~, he or she must file an SR-22 and ~~keep~~maintain the SR-22 for the required statutory period for all other withdrawals. If there are no other withdrawals to reinstate, the applicant will only be required to file an SR-22 on any and all vehicles registered in his or her name only, and maintain the SR-22 for the duration of the revocation, or until there are no vehicles registered in their name only. ~~on file for three (3) years after the date of the Board's decision to commute the sentence.~~ Failure to maintain ~~keep~~ an SR-22 ~~on file for the three-year (3-year) period~~ will result in the suspension of the applicant's license or ignition interlock permit (IIP).

010.02C Ignition Interlock Device. The Board may, in its sole discretion, when granting a license reinstatement or reprieve to any person who has made application pursuant to Neb. Rev. Stat. § 60-6,209, order such person to operate only motor vehicles equipped with an ignition interlock device approved by the Director. The Board may order the use of such a device for a period of time not to exceed any period of revocation the applicant is subject to at the time the application for an ignition interlock permit (IIP) ~~license reinstatement~~ is made.

010.02D Ignition Interlock Device; Ignition Interlock Permit (IIP)~~License~~; Issuance. Any person required by the Board to operate only motor vehicles equipped with an ignition interlock device shall make application to the Director for the issuance of an ignition interlock permit (IIP) ~~Class O license~~ restricted to the operation of a motor vehicle equipped with such an ignition interlock device. Such person shall provide satisfactory proof that an ignition interlock device has been installed and maintained on any motor vehicle such person shall operate for the duration of the original fifteen year revocation period. Any person eligible for issuance of an ignition interlock permit (IIP) ~~license~~ with an ignition interlock restriction shall be required to meet all other conditions of licensure as required by statute or regulation.

010.02E Ignition Interlock Device; Rules and Regulation Relating to Approval of the Ignition Interlock Devices and the Means of Installation of the Devices. Applicants ordered by the Board to operate only motor vehicles

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equipped with an ignition interlock device shall be bound by the provisions of Title 250, Nebraska Administrative Code, Chapter 1, Rules and Regulation Relating to Approval of the Ignition Interlock Devices and the Means of Installation of the Devices, as well as the provisions of this rule.

010.02F Ignition Interlock Device; Violation; Revocation. Any person ordered by the Board of Pardons to operate only motor vehicles equipped with an ignition interlock device, shall be subject to the criminal violations under Neb. Rev. Stat. § 83-1,127.02. ~~restricted to operating a motor vehicle equipped with such an ignition interlock device who operates upon the highways of this state a motor vehicle without such an ignition interlock device or who operates a motor vehicle equipped with such an ignition interlock device which has been disabled, bypassed, or altered in any way, shall, upon the order of a court as a part of the judgment of conviction, have his or her license revoked for a period of fifteen (15) years from the date ordered by the court. The revocation shall be administered upon sentencing, upon the final judgment of any appeal or review, or upon the date that any probation is revoked. The revocation shall not run concurrently with any jail time imposed.~~

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Attachments 1 ~~and 2~~

Attachment 1 -- 247 NAC, Chapter 12

APPLICATION

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*

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.

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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:** _____

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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.

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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

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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.

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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.)*

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History of Alcohol Use

When did you last drink an alcoholic beverage? _____

Do you still drink any alcoholic beverages? ☐ *Yes* ☐ *No*

Describe your drinking history from the date your license was revoked up until your last drink:

(Attach additional sheet if necessary.)

JUL 11 2

History of Drug Use

When did last use any drug, not including alcoholic beverages or prescribed medications?
Date: _____

What drug or drugs did you use?

_____

_____

Do you still use drugs? ☐ *Yes* ☐ *No*

Describe your drug use history from the date of your revocation up until your last use:

_____

(Attach additional sheet if necessary.)

JUL 1 1 201

Maintaining Sobriety

Please discuss how you plan to maintain sobriety.

1. ***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?
   c. Name and address of your sponsor, if any:

   _____

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

   _____

   _____

2. ***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: _____

   _____

3. ***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: _____

   _____

   _____

   _____

   _____

   _____

   b. Name and address of any persons who participate in your support system who can attest to your participation and your sobriety: _____

   _____

   _____

   _____

   _____

   _____

   _____

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4. How do you intend to maintain your sobriety? Describe in some detail how you plan to stay sober:

(Attach additional sheet if necessary.)

JUL 1 1 2017

Your Version of the Arrest

Describe your arrest for third-offense driving under the influence which resulted in your fifteen-year revocation. Discuss what you were doing before you drove, why you were stopped (or how the police became involved), and what happened after you were arrested:

(Attach additional sheet if necessary.)

JUL 1 1 2017

Your Reason for Asking for a Reprieve of Your License Revocation

Why should the Board grant you a reprieve of your license revocation?

(Attach additional sheet if necessary.)

JUL 11 2017

Court Record

Attach a copy of the court record of the conviction that resulted in your fifteen-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 _____)
) ss.
County of _____)

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.

JUL 1 1 2017

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
2. 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? _____
    _____

JUL 1 1 2012

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, does he or she drive a motor vehicle? ☐ *Yes* ☐ *No*

If *"yes"*, please explain what you know about his or her driving: _____

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

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

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_____
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_____
_____

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

State of _____)
) ss.
County of _____)

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.

2017

RELEASE

As 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.

JUL 1 1 2017

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.

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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 94789
Lincoln, Nebraska 68509-4789

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 fifteen-year license revocation.

_____ _____
Printed name of evaluator Signature

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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.

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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.

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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.

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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: _____
_____
_____
_____
_____
_____
_____
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_____
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_____
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_____

Attach a copy of the accident report.

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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 to before me this _____day of
_____A.D., _____

_____

Notary Public

SEAL OR STAMP MUST BE AFFIXED TO ORIGINAL.

JUL 11 2017

~~Attachment 2 – 247 NAC, Chapter 12~~

~~The license of _____,~~
~~license number _____, has been revoked, suspended, and/or canceled for the following reason(s) on the following date(s):~~

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

~~This will acknowledge that _____ has met the criteria to have his or her license reinstated except payment of a reinstatement fee and would~~

~~be eligible for reinstatement upon payment of the fee except for a 15-year license revocation. DEPARTMENT OF MOTOR VEHICLES~~

~~By _____ Date _____~~
~~*Financial Responsibility Division*~~

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