

## Restoring Your License - Instructions & Worksheets for calling MVC to get Driver's Abstract & Municipal Court to gather necessary information

### Basic Information about the Driver:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Address at time of licensing: \_\_\_\_\_

Other Names: \_\_\_\_\_

Any dates of incarceration: \_\_\_\_\_

### Instructions – Calling Motor Vehicles

- Before you call MVC:
  - Go over what you think you know about your license issues.
  - Give yourself enough time to be on hold. If you are calling from your cell phone with limited minutes, you may want to find a land line to make the call because MVC tends to put you on hold for 15 minutes average.
  - Have your MVC ID ready. If you don't have one, but have a ticket or summons, skip down to calling the courts.
- MVC Suspension office number (609) 292-7500
- Suggested script: *"I believe my license is suspended I'd like to learn how to restore it."*
- Use the worksheet to write down the information they provide in the **Information from MVC** part of the Worksheet.
  - You may have more than one ticket / offense to take care of. Take down the information on each one, one by one. Circle "1" for the first ticket, "2" for the second...
  - Repeat the questions on the worksheet for every ticket/offense that MVC tells you that you have to deal with to restore your license.
- **Do not hang up** after getting information about all the tickets. First, ask about whether you have any **state surcharges**.
  - Suggested script: *"Do I also owe any surcharges to MVC?"*
  - If so, go to the **Surcharges Information from MVC** part of the Worksheet

# Information from MVC

Ticket/offense (circle): 1 2 3 4 5 6 7 8 9 10

MUNICIPALITY \_\_\_\_\_

TICKET NO. \_\_\_\_\_

TYPE OF VIOLATION \_\_\_\_\_

DATE \_\_\_\_\_

PHONE NUMBER OF COURT \_\_\_\_\_

Ticket/offense (circle): 1 2 3 4 5 6 7 8 9 10

MUNICIPALITY \_\_\_\_\_

TICKET NO. \_\_\_\_\_

TYPE OF VIOLATION \_\_\_\_\_

DATE \_\_\_\_\_

PHONE NUMBER OF COURT \_\_\_\_\_

Ticket/offense (circle): 1 2 3 4 5 6 7 8 9 10

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TYPE OF VIOLATION \_\_\_\_\_

DATE \_\_\_\_\_

PHONE NUMBER OF COURT \_\_\_\_\_

## Surcharges Information from MVC

What are the surcharges for? \_\_\_\_\_

When did they begin? \_\_\_\_\_

If I was incarcerated for part of that time, can I request a deduction on the interest? Yes / No

What percentage do I need to pay to restore my license? How much money is that?

\_\_\_\_\_

How much do I have to pay monthly to avoid getting suspended?

\_\_\_\_\_

Can I appeal for a lower monthly payment (if I can't pay the amount they said above)? If so, how?

\_\_\_\_\_

### Budget Worksheet

Once you have gathered all of the required information using the previous worksheet use this suspension worksheet to keep the information organized throughout the process, and to determine how much you can pay in a payment plan.

#### Step One: Summary of Suspensions and Fines Owed

#	Type of Suspension	Who Suspends?	Duration and/or Fine Owed	
ex	DWI / Failure to pay insurance surcharges	Municipal court & DMV	6 months	\$3000
1				
2				
3				
4				
5				
	<i>License Restoration Fee</i>	<i>DMV</i>		<i>\$100</i>
	<i>Total Fees:</i>			

## Budget Chart

*Use this information to determine how much you can afford to pay up front and in installments to have the license restored so you are prepared to ask the court or the DMV for a payment plan*

### Income

Salary/Wages (take home) \$\_\_\_\_\_ per (check one) \_\_\_ week \_\_\_ 2 weeks \_\_\_ month

How regular is this payment? Can you count on it?

\_\_\_ Very regular (For example, you have one employer, definite salary, set hours)

\_\_\_ Somewhat regular (For example, you have one employer, but your hours vary week to week)

\_\_\_ Not regular (For example, you pick up work when you can, and your wages and hours vary)

Other Income:

Source (e.g., TANF, GA,

Food Stamps, Soc. Security, etc.)

Amount of Income

\_\_\_\_\_ \$\_\_\_\_\_ per (check one) \_\_\_ week \_\_\_ 2 weeks \_\_\_ month

\_\_\_\_\_ \$\_\_\_\_\_ per (check one) \_\_\_ week \_\_\_ 2 weeks \_\_\_ month

\_\_\_\_\_ \$\_\_\_\_\_ per (check one) \_\_\_ week \_\_\_ 2 weeks \_\_\_ month

Do you expect you will continue to receive this income for the next 6 months? \_\_\_ Yes \_\_\_ No

If no, explain: \_\_\_\_\_

**Total estimated income per month:** \$ \_\_\_\_\_

### Expenses

Housing costs per month:

Rent: ( \_\_\_ Mortgage) \$ \_\_\_\_\_ Phone: \$ \_\_\_\_\_

Utilities (heat, hot water, electricity, gas): \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Other monthly living expenses:

Food/household: \$ \_\_\_\_\_ Clothing: \$ \_\_\_\_\_

Transportation: \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Child care: \$ \_\_\_\_\_ (e.g., health expenses, school fees):

Other bills and obligations:

Child support/alimony: Monthly \$ \_\_\_\_\_ Total arrears \$ \_\_\_\_\_

Outstanding loans Monthly \$ \_\_\_\_\_ Balance owed \$ \_\_\_\_\_

Other court fines and penalties: Monthly \$ \_\_\_\_\_ Balance owed \$ \_\_\_\_\_

Outstanding debts Monthly \$ \_\_\_\_\_ Balance owed \$ \_\_\_\_\_

(e.g., unpaid utility or medical bills, credit card debt, defaulted loans)

Insurance surcharges: Monthly \$ \_\_\_\_\_ Balance owed \$ \_\_\_\_\_

**Total monthly expenses:** \$ \_\_\_\_\_ **Total remaining sum owed:** \$ \_\_\_\_\_

**Monthly income** \$ \_\_\_\_\_ — **Monthly expenses** \$ \_\_\_\_\_ = \$ \_\_\_\_\_ **Monthly payment**