

MISSOULA COUNTY JUSTICE COURT
REQUEST TO REINSTATE SUSPENDED DRIVER'S LICENSE

_____ (Name)	_____ (Date of Birth)	Date: _____
_____ (Mailing Address)		Cause #. _____ - _____ - _____ (if known)
_____ (City, State, Zip)		
_____ (Phone)	_____ (Email)	

(initial) I have contacted Motor Vehicle Division and determined my license was suspended **ONLY** for failure to pay fines/fees/restitution.

(initial) Missoula County Justice Court placed a hold on my license with the Motor Vehicle Division.

I am requesting that the Court order the Montana Department of Justice, Motor Vehicle Division to reinstate my driver's license without the need for the payment of a reinstatement fee.

(Signature)

Office use only

Clerk: _____ Date: _____

Action taken:

_____ (date) Approved	_____ (date) Denied	_____ (date) Routed to Judge
_____ (date) Reinstatement letter sent to MVD	_____ (date) Approval letter to Defendant	_____ (date) Denial letter to Defendant

Notes: _____

