



**Affidavit For Hardship License**

Case No. \_\_\_\_\_  
Court \_\_\_\_\_  
County \_\_\_\_\_

COMMONWEALTH OF KENTUCKY

PLAINTIFF

VS.

DEFENDANT

The undersigned **Affiant** is the [ ] **employer**, [ ] **educator**, [ ] **physician**, or [ ] **ADE program director** for the above-named Defendant. Pursuant to KRS 189A.420 (see page 2), the undersigned states **under oath** that the above-named Defendant should be granted a hardship driver's license **for the reason(s) stated below**, including the **specific days and times when the Defendant is required to drive**.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If **Employer** please provide the following information: Affiant's Business/Employer's name and address, Affiant's title, Affiant's phone number on **page 2**.

Driving is necessary on the following days and at these specified times:

From:		To:
Mon.	_____ m.	_____ m.
Tues.	_____ m.	_____ m.
Wed.	_____ m.	_____ m.
Thurs.	_____ m.	_____ m.
Fri.	_____ m.	_____ m.
Sat.	_____ m.	_____ m.
Sun.	_____ m.	_____ m.

**WHEREFORE, Affiant prays** that the above-named **Defendant's Application for Hardship Driver's License** be granted. **NOTICE:** Pursuant to KRS 189A.440(3), knowingly assisting Defendant in making a false application statement is a **Class A Misdemeanor** and results in revocation of the person's operator's license for six (6) months.

\_\_\_\_\_  
**Affiant's Name (Please Print)**

\_\_\_\_\_  
**Affiant's Signature**

Subscribed and sworn to before me by the **Affiant**, this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

My commission expires: \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

If **Employer** please provide the following information:

Affiant's Business/Employer's Name \_\_\_\_\_

Affiant's Business/Employer's Address \_\_\_\_\_

Affiant's Title \_\_\_\_\_

Affiant's Phone \_\_\_\_\_

**INFORMATION REQUIRED PURSUANT TO KRS 189A.420  
FOR ISSUANCE OF HARDSHIP LICENSE**

1. **If the license is sought for employment purposes:** A **written, sworn statement** from your employer detailing your job, hours of employment, and the necessity for you to use a motor vehicle either in work or in travel to and from work. **If you are self-employed**, provide the described information together with a sworn and notarized statement attesting to the truth of the above information.
2. **If the license is sought for education purposes:** A **written, sworn statement** from the school or educational institution that you attend containing your class schedule, courses being taken, and necessity for you to use a motor vehicle in travel to and from school or other educational institution. A license for educational purposes **shall not include** participation in sports, social, extracurricular, fraternal or other noneducational activities.
3. **If the license is sought for medical purposes:** A **written, sworn statement** from a physician or other medical professional licensed (but not certified) under Kentucky laws, attesting to your normal hours of treatment, and the necessity to use a motor vehicle to travel to and from the treatment.
4. **If the license is sought for alcohol or substance abuse education or treatment purposes:** A **written, sworn statement** from the director of any alcohol or substance abuse education or treatment program as to the hours in which you are expected to participate in the program, the nature of the program, and the necessity for you to use a motor vehicle to travel to and from the program.
5. **If the license is sought for court-ordered counseling or other programs:** A copy of any court order relating to treatment, participation in driver improvement programs, or other terms and conditions ordered by the court relating to you which require you to use a motor vehicle in traveling to and from the court-ordered program. The court order must include the necessity for use of a motor vehicle.
6. A sworn **statement** must be **signed by a notary public**.