

IN THE MUNICIPAL COURT OF PERRYSBURG, WOOD COUNTY, OHIO

STATE OF OHIO
Plaintiff

Vs.

Defendant's Name

Street Address

City, State, Zip

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CASE NO.: _____

**PETITION FOR LIMITED
DRIVING PRIVILEGES**

****YOU MUST PROVIDE PROOF OF INSURANCE WITH THIS PETITION****

The undersigned defendant does hereby petition the court to grant him/her the following driving privileges (*Check applicable box or boxes*):

- To and from place of employment
- During course of employment
- To and from place of schooling
- To and from place of treatment

during the period of the driving suspension imposed by the court pursuant to:

- R.C. 2925 (Drug Offense)
- R.C. 4507.16(B) (Post Conviction Driving Suspension)
- R.C. 4509.101 (Non-Compliance)
- R.C. 4511.191 (Administrative License Suspension)
- R.C. 4511.196 (Judicial Suspension)

or requested with a BMV reinstatement fee payment plan pursuant to R.C. 4510.10(B):

- Reinstatement fee associated with a Perrysburg Municipal Court case
- Reinstatement fee associated with a case in another court (\$85 filing fee in Civil)

The defendant makes the following representations to the court: (*Check applicable boxes and fill in all applicable blanks*)

(1) He/she is presently employed as _____ by _____
Job Title Name of Employer

located at _____.

He/she is self-employed under the trading name of _____

located at _____.

(a) Days he/she works: Mon Tue Wed Thu Fri Sat Sun

(b) Leave home at: _____ am/pm; Arrive home at: _____ am/pm

If shift work, explain: _____

(2) He/she is presently has a *second* job employed as _____ by _____
Job Title Name of Employer

located at _____.

(a) Days he/she works: Mon Tue Wed Thu Fri Sat Sun

(b) Leave home at: _____ am/pm; Arrive home at: _____ am/pm

If shift work, explain: _____

- (3) He/she is presently enrolled as a student at _____
Name of School
 located at _____.
- (a) Days he/she attends classes: Mon Tue Wed Thu Fri Sat Sun
- (b) Leave home at: _____ am/pm; Arrive home at: _____ am/pm
- (4) He/she is presently receiving treatment from _____
 located at _____.
- (a) Days and hours of treatment vary.
- (5) He/she is presently attending AA meetings. (a) Days, hours and locations of meetings vary.
- (6) Child visitation pick up/drop off location _____
- (a) Days of child visitation: Mon Tue Wed Thu Fri Sat Sun
- (b) Leave home at: _____ am/pm; Arrive home at: _____ am/pm
- (7) Scheduled appointments for self or minor dependents at a licensed medical practitioner's place of business.
- (a) Days, hours and locations of appointments vary.

The undersigned further represents to the court:

- I. That if the court does not grant limited driving privileges, the license suspension would seriously affect his/her ability to continue the above employment, schooling, and/or treatment.
- II. That insurance is in effect and will be kept in effect as per R.C. 4509.101.

NOTICE: GIVING FALSE INFORMATION ON THIS PETITION MAY RESULT IN PERSONAL PENALTIES OF IMPRISONMENT AND/OR FINE.

DATE: _____

 DEFENDANT'S SIGNATURE

****The remainder of this form will be completed by the Court****

Proof of insurance was shown

Denied Re-apply on _____

Please mail driving letter

Defendant waiting

 DATE APPROVED

 JUDGE

- Ignition Interlock Required**
- Restricted Plates Required**