

REQUIREMENTS FOR LIMITED DRIVING PRIVILEGES

When you are allowed to petition for driving privileges, you may mail or bring to the Clerk's office the following for the Judge's consideration, unless you are under another suspension:

1. Complete the driving privileges form provided by the Court.
2. Provide current proof of auto insurance (your name must be on the insurance card or we need a copy of the policy that shows you are a covered driver.)
3. A filing fee of \$40 if you are suspended by the Court or \$125 if you are suspended through the BMV. There will be an additional \$20 fee if any changes are made after privileges are granted.
4. A letter from your employer on their letterhead stating your work hours and days of the week if you are seeking work privileges and/or a current class schedule if seeking privileges for education.
5. If you are required to have a clean urine drug screen for driving privileges, there will be an additional \$10 fee for every drug screen that is given.

ALSO YOU SHOULD:

1. Be actively paying on fines or have fines paid in full
2. Have completed the Driver's Intervention Program or be enrolled with the fees paid in full
3. Be in compliance with other sentence requirements.

YOU MAY ONLY DRIVE AFTER THE JOURNAL ENTRY IS SIGNED BY THE JUDGE AND YOU RECEIVE A COPY OF THE JOURNAL ENTRY TO CARRY WITH YOU.

IF YOU NEED RESTRICTED PLATES:

1. Get the BMV Form 5761 from the Clerk's office and complete the top half.
2. Turn the form back into the Clerk's office for the Judge's approval.
3. Take the completed form with the Judge's signature to the BMV to get the plates & bring proof back to the Court that those plates have been received.

IF YOU NEED IGNITION INTERLOCK

1. You must complete an application and return it to the Clerk's office.
2. You must pay the installation & 1st month fee for the system and get approval from the Judge.
3. You will then need to take your receipt and paperwork to Accessory Avenue, 602 W. Ervin Rd., Van Wert, OH to get your system installed.
4. After installation you must bring proof back to the Court the system was installed, the privileges will then be put in front of the Judge for approval.

IN THE VAN WERT MUNICIPAL COURT, VAN WERT COUNTY, OHIO

STATE OF OHIO : COURT CASE NO. _____
 v. : BMV CASE NO. _____
 : PETITION FOR LIMITED DRIVING PRIVILEGES
 : COURT # 8120
 :
 : DOB: ____/____/____ Phone # _____
 DEFENDANT'S NAME :
 : SS#: ***-**-_____
 STREET ADDRESS :
 : OL# _____
 CITY, STATE, ZIP CODE :

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

The Undersigned Defendant does hereby petition this Court to for Limited Driving Privileges as follows (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 medical treatment
- Taking a driver's exam
- Attending alcohol/drug treatment
- Attending counseling/AA/NA at _____.
- Other: _____.

During the period of driving suspension imposed pursuant to:

LENGTH OF SUSPENSION

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

The Defendant makes the following representations to the Court (Check Applicable Boxes and fill in Applicable Blanks):

I am presently employed at _____ (Employer/Self-Employed)
 located at _____.

I work: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours of Employment: Start time ____ a.m./p.m. Leave home at ____ a.m./p.m.
 End time ____ a.m./p.m. Arrive home at ____ a.m./p.m.

I work a 2nd job as: _____ (Employer) located at (address): _____.

I work: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours of Employment: Start time ____ a.m./p.m. Leave home at ____ a.m./p.m.
 End time ____ a.m./p.m. Arrive home at ____ a.m./p.m.

€ I am presently enrolled as a student at _____

Located at _____.

€ I attend class: € Monday € Tuesday € Wednesday € Thursday € Friday € Saturday € Sunday

€ Class(es): Start time _____ a.m./p.m. Leave home at _____ a.m./p.m.

End time _____ a.m./p.m. Arrive home at _____ a.m./p.m.

€ I am presently receiving treatment at _____

Located at _____.

€ I attend treatment: € Monday € Tuesday € Wednesday € Thursday € Friday € Saturday € Sunday

€ Treatment sessions: Start time _____ a.m./p.m. Leave home at _____ a.m./p.m.

End time _____ a.m./p.m. Arrive home at _____ a.m./p.m.

The undersigned further represents to the Court:

- (1) That if the Court does not grant limited driving privileges, the license suspension will seriously affect my ability to continue the above employment, schooling, and/or treatment;
- (2) That insurance is in effect and will continue in effect as required by O.R.C.4509.101.
- (3) That I am not currently under any other driving suspension by any other court or the Ohio Bureau of Motor Vehicles.

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 shown
- € Work/School Schedule must be attached.
- € Employer's Work Vehicle Approved.
- € PRIVATE PASSENGER VEHICLES ONLY.
- € **PRIVILEGES ARE NOT VALID IN A COMMERCIAL VEHICLE.**
- € Denied. Re-apply on or after _____.
- € Restricted Plates Required
- € Proof of Clean UDS or Negative Drug Screen received _____.

LIMITED PRIVILEGES ARE HERE BY GRANTED AS:
SUN. MON. TUES. WED. THUR. FRI. SAT.
HOURS: _____ TO _____
OTHER: _____

€ **DEFENDANT SHALL KEEP A COPY OF THIS ENTRY ON HIS/HER PERSON AT ALL TIMES WHEN OPERATING A MOTOR VEHICLE PURSUANT TO THE LIMITED DRIVING PRIVILEGES GRANTED HEREIN.**

€ **DEFENDANT SHALL NOT CONSUME OR POSSESS ALCOHOL OR ILLEGAL DRUGS WHILE OPERATING A MOTOR VEHICLE.**

IT IS SO ORDERED.

Date: _____

HON. JILL T. WORTHINGTON, JUDGE

TO ANY LAW ENFORCEMENT OFFICER: IF THE PERSON IDENTIFIED IN THIS ORDER IS ARRESTED, CONTACT THIS COURT'S PROBATION DEPT. AT 102 EAST MAIN ST., VAN WERT, OH 45891, PHONE: 419.238.5760, FAX 419.238.5865.