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 $175 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 RESTRICED 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 for 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

You must complete a different application.

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

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

*****<u>YOU MUST PROVIDE PROOF OF INSURANCE WITH THIS PETITION</u>*****

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: **<u>LENGTH OF SUSPENSION</u>**

€	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 IMPRISIONMENT 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

HOURS:_____ TO _____

OTHER:_____

€ Proof of Clean UDS or Negative Drug Screen received_____.

€ **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.