

**IN THE COURT OF COMMON PLEAS
LORAIN COUNTY, OHIO**

IN THE MATTER OF:

Case No. _____

Name: _____

APPLICATION FOR

Date of Birth: _____

LIMITED DRIVING PRIVILEGES

SSN (last 4 digits ONLY): XXX – XX – _____

Street Address: _____

City, State, Zip: _____

Phone: _____

I BELIEVE I AM UNDER SUSPENSION FOR THE FOLLOWING REASONS (Check All That Apply)

- I am currently under a financial responsibility “FRA” Suspension imposed by the State of Ohio Bureau of Motor Vehicles.
- I currently owe unpaid reinstatement fees to the State of Ohio Bureau of Motor Vehicles. I owe approximately \$_____. YOU MUST FILL OUT THE FINANCIAL FORM OF INDIGENCY ATTACHED IF YOU SELECT THIS OPTION.

I understand that either of two (2) payment plan types can be requested (choose one):

- A plan that permits payment of not less than \$50.00 per month each and every month, missing no payments, until all reinstatement fees are paid in full, or
- A plan that permits me to defer or put off payment of all of the reinstatement fees until a future date certain but no longer than six (6) months.
- I am under a point suspension “12-point” imposed by the State of Ohio Bureau of Motor Vehicles.
- Along with an item checked above, I may need to renew my driver’s license due to expiration or retest.
- I am not sure why I am under suspension and I am requesting the Court’s assistance to obtain limited driving privileges if possible.

I AM REQUESTING PRIVILEGES FOR THE FOLLOWING PURPOSES:

OCCUPATIONAL:

Place of Employment _____
Address _____
City, Zip _____
Schedule _____
Place of Employment _____
Address _____
City, Zip _____
Schedule _____

MEDICAL REASONS:

Doctor _____
Address _____
City, Zip _____

Doctor _____
Address _____
City, Zip _____

EDUCATIONAL:

School _____
Address _____
City, Zip _____
Schedule _____

ATTEND TREATMENT:

Treatment Facility / Place _____
Address _____
City, Zip _____
Schedule _____

Treatment Facility / Place _____
Address _____
City, Zip _____
Schedule _____

I further state that without driving privileges, I cannot continue or improve my employment or obtain employment and, therefore, I cannot support myself or my dependents, all of whom are listed on my financial disclosure form.

I further state that **I have now and will continue to maintain a current SR-22 insurance policy or bond,** a copy of which is also attached to this request.

Respectfully requested,
