

**Oberlin Municipal Court
Oberlin, Ohio
Judge Thomas A. Januzzi**

Name: _____

Case No. _____

Address: _____

BMV Case No. _____

Phone No.: _____

Last Four digits of S.S.N : _____

Petition for Driving Privileges

Date of Birth: _____

Driver's License Expiration Date: _____

The undersigned has received a suspension of his/her driving privileges. The type of suspension is:

- A suspension as a result of a drug conviction. *NOTE: Privileges are subject to random drug testing at Defendant's cost. Positive tests shall result in a revocation of privileges.*
- An Administrative License Suspension as a result of a charge of OVI or Physical Control
- A twelve point suspension
- A suspension pursuant to R.C. 4509.101 for failure to maintain insurance
- Other (Please describe):

Driving privileges are requested for the following (Check whichever boxes apply and complete the back of this form):

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Occupational | <input type="checkbox"/> Court Ordered Treatment |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Court Appearances |
| <input type="checkbox"/> Other | <input type="checkbox"/> Medical |

The undersigned acknowledges that privileges cannot be granted if there are any other restrictions or suspensions against my driving privileges and that I must provide proof of financial responsibility in accordance with the law prior to any privileges being granted. I agree to pay the costs of these proceedings in the amount of \$50.00 upon filing this petition and understand that there is no guarantee that I will be granted privileges.

Date: _____

Petitioner

All Driving Privileges will include:

COURT ORDERED TREATMENT – Court ordered treatment includes Alcoholics Anonymous Meetings, Individual Counseling Sessions, Weekend Intervention Programs or other Substance Abuse or Chemical Dependency Counseling Programs in which Defendant is enrolled.

COURT APPEARANCES - Defendant may drive to and from all court appearances. Court appearances include appointments to meet with the Probation Department.

MEDICAL – Medical purposes for Defendant and dependents or family members of Defendant.

Please complete the following information regarding your request for Occupational, Educational and Other driving privileges:

OCCUPATIONAL- Please provide the following detailed information:

Name of Employer: _____

Address of Employer: _____

Days of Employment (If schedule varies, please list all possible days): _____

Hours of Employment: Earliest Start Time: _____ Latest End time: _____

Additional Information:

EDUCATIONAL

Name of School: _____

Address of School: _____

School Schedule (Please list days and times):

OTHER - If you are requesting other privileges please provide DETAILED information of your request:

(Example: child care provider – Jane Doe, 123 Anystreet, Oberlin, OH – Pick up Sally at 3:00PM Monday, Wednesday, and Friday)
