

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

Name: \_\_\_\_\_

Case No. \_\_\_\_\_

Address: \_\_\_\_\_

BMV Case No. \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

**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. **Prior to privileges being granted, Defendant shall submit a negative drug test. 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 or Court Suspension as a result of a charge or conviction 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 (Circle all that applies): SUN / MON / TUE / WED / THUR / FRI / SAT

Hours of Employment: Earliest Start Time: \_\_\_\_\_ Latest End time: \_\_\_\_\_

Additional Information:

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**EDUCATIONAL**

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

School Schedule (Please list days and times):

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**OTHER** - If you are requesting other privileges please provide DETAILED information of your request such as names, addresses, days and hours: (Example: child care provider – Jane Doe, 123 Anystreet, Oberlin, OH – Pick up Sally at 3:00PM Monday, Wednesday, and Friday)

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