

**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:

- An Administrative License Suspension or Court Suspension as a result of a charge or conviction of OVI or Physical Control.
- 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.**
- A twelve point suspension.
- A suspension pursuant to R.C. 4509.101 for failure to maintain insurance.
- Other (Please describe):

Please complete the back of this form with DETAILED INFORMATION on the privileges you are requesting. ANY PRIVILEGES BEING REQUESTED THAT IS PROVIDED WITHOUT FULL DETAILS MAY BE DENIED.

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

-OVER-

All Driving Privileges will automatically include the following:

- **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:

EDUCATIONAL

Name of School: _____

Address of School: _____

School Schedule: **DAYS** (Circle all that applies): SUN / MON / TUE / WED / THUR / FRI / SAT

HOURS: Earliest Start Time: _____ Latest End time: _____

Other information: _____

OTHER - If you are requesting other privileges please **provide DETAILED information of your request such as LOCATION NAME, ADDRESS, DAYS AND HOURS**: (Example: Child Care Provider - Jane Doe, 123 Anystreet, Oberlin, OH – Pick up Sally at 3:00PM on Monday, Wednesday, and Friday)

**ANY PRIVILEGES BEING REQUESTED THAT IS PROVIDED
WITHOUT FULL DETAILS MAY BE DENIED.**