

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

Name: _____

Case No. _____

Address: _____

BMV Case No. _____

Phone No.: _____

Petition for AMENDED

Date of Birth: _____

Driving Privileges

Please complete the following information regarding your request for amended privileges:

OCCUPATIONAL - ☐ CHECK BOX IF THE BELOW INFORMATION REPLACES THE CURRENT PRIVILEGES

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: _____

Other information: _____

EDUCATIONAL - ☐ CHECK BOX IF THE BELOW INFORMATION REPLACES THE CURRENT PRIVILEGES

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 - ☐ CHECK BOX IF THE BELOW INFORMATION REPLACES THE CURRENT PRIVILEGES

Name of location: _____

Address of location: _____

Days of travel to location (Circle all that applies): SUN / MON / TUE / WED / THUR / FRI / SAT

Hours of travel to location: Earliest Start Time: _____ Latest End time: _____

Name of location: _____

Address of location: _____

Days of travel to location (Circle all that applies): SUN / MON / TUE / WED / THUR / FRI / SAT

Hours of travel to location: Earliest Start Time: _____ Latest End time: _____

Name of location: _____

Address of location: _____

Days of travel to location (Circle all that applies): SUN / MON / TUE / WED / THUR / FRI / SAT

Hours of travel to location: Earliest Start Time: _____ Latest End time: _____

DATE

SIGNATURE