

IN THE CHILLICOTHE MUNICIPAL COURT

Name of Petitioner _____

Case No. _____

Street Address _____

City/State/Zip _____

Phone Number _____

License Number _____

VS.

REGISTRAR, BUREAU OF MOTOR VEHICLES

Driver's License Division

P.O. Box 16520

Columbus, OH 43266-0020

- 12 POINT SUSPENSION APPEAL R.C. 4510.037(G)
- FINANCIAL RESPONSIBILITY SUSPENSION FOR LIMITED DRIVING PRIVILEGES
 - (Class E - 3 month suspension) R.C. 4509.101(A)(2)(a) - 1st suspension
 - (Class C - 1 year suspension) R.C. 4509.101(A)(2)(b) - 2nd suspension after 15 days
- PETITION FOR EXTENSION OF TIME TO PAY REINSTATEMENT FEES - R.C. 4510.10(B)(2)
- REINSTATEMENT FEE PAYMENT PLAN R.C. 4510.10(B)(1)
- OUT-OF-STATE OVI SUSPENSION R.C. 4510.17
There is an \$85.00 fee for any of the above.

I AM REQUESTING DRIVING PRIVILEGES FOR THE FOLLOWING PURPOSE(S):

- OCCUPATIONAL** - I have attached proof of employment showing my employer's name, address, and telephone number; my work hours and days of employment; and any driving times and places required by my employer.
- EDUCATIONAL** - I have attached proof of enrollment as well as my class schedule showing dates and times of classes.
- VOCATIONAL** - I am the only licensed driver in my family, and I have attached a list of the days, times and purposes (example: grocery store, job services, athletic events, church, regularly scheduled appointments) for which I request permission to drive.
- MEDICAL** - I have attached proof of my medical needs; the name, address, and telephone number of my physician; and my scheduled appointments.
- LICENSE EXAMINATION** - I have attached a notice of appointment from the license examiner.
- COURT ORDERED TREATMENT** - I have attached a copy of the court order and the dates and times of my counseling or treatment.

I HAVE ALSO ATTACHED THE FOLLOWING DOCUMENTS WHICH ARE REQUIRED BY THE COURT:

- (1) Copy of BMV "NOTICE OF SUSPENSION"
Written proof of filing of SR-22 (if FRA suspension)
- (2) Current insurance coverage for the vehicle that I will be driving;
- (3) Driving abstract from the Bureau of Motor Vehicles; and
- (4) Statement from the BMV showing how much, if any, reinstatement fees I owe. (BMV Form 2006)
Copy of receipt for payment of reinstatement fees (if FRA suspension)

I FURTHER REPRESENT TO THE COURT:

- (1) That if the court does not grant limited driving privileges, the license suspension would seriously affect my ability to continue the above employment, schooling, treatment, etc.
- (2) That insurance will be kept in effect throughout any period that I am granted privileges.
- (3) That the above information is true to the best of my knowledge and belief.

NOTICE: GIVING FALSE INFORMATION ON THIS PETITION MAY RESULT IN PERSONAL PENALTIES OF IMPRISONMENT OR FINE OR BOTH.

Signed _____

Date _____