

IN THE CHILLICOTHE MUNICIPAL COURT

Name of Petitioner
Street Address
City/State/Zip
Phone Number
License Number

Case No.

- 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.

VS.

REGISTRAR, BUREAU OF MOTOR VEHICLES
Driver's License Division
P.O. Box 16520
Columbus, OH 43266-0020

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 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