

## APPLICATION FOR LIMITED DRIVING PRIVILEGES

### INFORMATION SHEET

You may be eligible to apply for limited driving privileges which would allow you to drive under certain circumstances while under either of the following suspensions:

- A) Administrative License Suspension (A.L.S.)
- B) Court suspension

To be considered for limited driving privileges you must meet the following qualifications:

- A) You must have a current Ohio Driver's License and proof of insurance.
- B) You may not have any other suspensions on your record.
- C) You may not owe any outstanding fines or costs to the Court.
- D) You must demonstrate a specific need to be allowed to drive.

To apply for privileges, you MUST provide to the Court the following information:

- Proof of insurance that was in effect at the time you were cited or arrested.
- Proof of insurance on the vehicle you will be operating during your suspension period.
- A copy of your driving record (also known as an abstract) from the Bureau of Motor Vehicles. This can be obtained from the local license bureau at 475 Western Avenue, or from the State B.M.V. in Jackson or Columbus..
- The attached Application. Make sure your information is CORRECT and COMPLETE. If you are denied because of a mistake or omission, you will be required to start the process over and pay an additional filing fee.
- Proof of employment on company letterhead, including your work schedule and current pay stub. Or if you are self-employed, your last tax statement or business license.
- Specific information for other driving needs such as education, vocational, medical, etc., as indicated on the Application.
- The \$85.00 filing fee.

If you apply for limited driving privileges while under Administrative License Suspension, your application will be reviewed and must be approved by the City Law Director or it will be set for a hearing. You will be notified of the hearing date.

\*\*\*\*\*COURT PERSONNEL ARE NOT PERMITTED TO ASSIST YOU IN COMPLETING YOUR APPLICATION\*\*\*\*\*

PLEASE SEEK THE ADVICE OF AN ATTORNEY IF YOU HAVE QUESTIONS.

**IN THE CHILLICOTHE MUNICIPAL COURT, OHIO**

**APPLICATION FOR LIMITED DRIVING PRIVILEGES**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State/zip: \_\_\_\_\_

Court Case No: \_\_\_\_\_ Offense: \_\_\_\_\_

Check one:  Court Suspension - Date \_\_\_\_\_  ALS - Date: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Check all that apply:

OCCUPATIONAL:

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Work days and hours: \_\_\_\_\_

Are you required to work overtime?  YES  NO If YES, when? \_\_\_\_\_

Do you work at a location other than the business address?  YES  NO

If YES, address of work: \_\_\_\_\_

Are you required to drive a  Company vehicle or  Personal vehicle in connection with your job?  YES  NO.

If YES, explain: \_\_\_\_\_

EDUCATIONAL:

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

Address of school: \_\_\_\_\_

Scheduled days and times of classes: \_\_\_\_\_

YOU MUST CARRY YOUR CLASS SCHEDULE WITH YOU.

VOCATIONAL: List all job related activities: \_\_\_\_\_

MEDICAL:

Name of Doctor: \_\_\_\_\_

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

YOU MUST CARRY PROOF OF APPOINTMENT, DOCTOR'S ORDER OR PRESCRIPTION.

LICENSE EXAMINATION: You may drive in conjunction with taking a driver's examination.  
YOU MUST CARRY A COPY OF APPOINTMENT NOTICE WITH YOU.

COURT ORDERED TREATMENT(S): You may drive to/from AA individual counseling sessions, weekend intervention programs, or other programs.

Name of Program: \_\_\_\_\_

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

Days and hours: \_\_\_\_\_

\_\_\_\_\_  
Signature ( )  
Complete phone number

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COURT USE ONLY

Filing fee in the amount of \$ \_\_\_\_\_ received for Application for Limited Driving Privileges on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Clerk

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LAW DIRECTOR USE ONLY

Application to ALS only:

- APPROVED
- DENIED - Schedule hearing before Magistrate.

\_\_\_\_\_  
City Law Director

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PROBATION DEPARTMENT USE ONLY

OL. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date privileges expire: \_\_\_\_\_

\_\_\_\_\_  
Date Application received by Probation Department

\_\_\_\_\_  
Date Application Examined by Probation Department

\_\_\_\_\_  
PROBATION OFFICER