

**IN THE CHILLICOTHE MUNICIPAL COURT  
APPLICATION FOR DRIVING PRIVILEGES**

\_\_\_\_\_  
Name of Petitioner

\_\_\_\_\_  
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

Case No. \_\_\_\_\_

12 POINT SUSPENSION APPEAL  
R.C. 4510.037(G)

FINANCIAL RESPONSIBILITY SUSPENSION  
FOR LIMITED DRIVING PRIVILEGES

(Class C - 1 Year Suspension)  
R.C. 4509.101(A)(2)(b) - 2<sup>nd</sup>  
suspension - after 15 days

(Class B - 2 Year Suspension)  
R.C. 4509.101(A)(2)(c) - 3<sup>rd</sup>  
suspension - after 30 days

REINSTATEMENT FEE PAYMENT PLAN

OUT-OF-STATE OVI SUSPENSION R.C. 4510.17

**\$35.00 FILING FEE FOR ANY OF THE ABOVE.**

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

- OCCUPATIONAL** - I have attached the required 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 scheduled 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"
2. Current Insurance Coverage for the vehicle that I will be driving  
\*\*\*Written proof of filing of SR-22\*\*\*
3. Driving Abstract from the Bureau of Motor Vehicles
4. Statement from the BMV showing how much, if any, reinstatement fees I owe  
\*\*\*Copy of receipt for payment of reinstatement fees\*\*\*
5. Remedial Driving Certificate (12-point suspension only)

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 or other activities.
2. That insurance will be kept in effect throughout any period 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 \_\_\_\_\_