

LIMA MUNICIPAL COURT

MOTION FOR LIMITED DRIVING PRIVILEGES/MOTION TO MODIFY PRIVILEGES

12 point suspension

FRA suspension

Reinstatement Fee Plan

To request Limited Driving Privileges, the following steps must be completed:

1. Complete the Court approved application or file on your own behalf, or through your attorney, a petition with substantially equivalent information. Provide all the information requested on the form as follows:
 - a. For employment, a letter or schedule that verifies your employment, the location and hours of employment.
 - b. For education, a schedule for the current semester that verifies your enrollment, campus address, and class times.
 - c. For medical and/or court ordered treatment, the provider's name and address, and appointment card.
 - d. For general household errands, verification that you are the only person who is able to drive at the residence.
 - e. Proof of current insurance showing that you are covered from the date you submit your request throughout the period of requested privileges. If your insurance card does not include your name then provide a copy of the declaration page from the policy that lists you as a covered driver. If you are required by the BMV to have an SR 22, you must provide a copy as your proof of coverage.
2. Complete and update contact information. The Court may need to contact you or your attorney regarding the application for Limited Driving Privileges so a current phone number (or email) where you can be immediately reached is very helpful. If no phone number is available then an address will be used and you will be contacted through regular first class U.S. Mail.
3. Payment of \$132.00 filing fee. If you are requesting a modification of current privileges, there is no additional fee.

IF YOU ARE GRANTED LIMITED DRIVING PRIVILEGES YOU ARE REQUIRED TO CARRY THE WRITTEN PRIVILEGES WITH YOU AT ALL TIMES. IF THE COURT REQUIRES ADDITIONAL INFORMATION SUCH AS YOUR WORK, SCHOOL, OR MEDICAL APPOINTMENT SCHEDULES THOSE MUST BE WITH YOU AT ALL TIMES DURING OPERATION OF A MOTOR VEHICLE.

REMEMBER, THESE ARE PRIVILEGES, NOT A RIGHT, AND IF YOU DRIVE OUTSIDE OF THE STATED PRIVILEGES THEY WILL BE REVOKED BY THE COURT.

**TO: LIMA MUNICIPAL COURT
CIVIL DIVISION
109 N UNION ST
LIMA OH 45801
(419) 221-5275**

Name

Case No.

Address

PETITION FOR:
(check one)

Date of Birth

PAYMENT PLAN ONLY
OR

Last 4 Digit of Social Security Number

PAYMENT PLAN WITH
DRIVING PRIVILEGES

Phone Number

12 POINTS SUSPENSION

Driver's License Number

-VS-

Ohio Bureau of Motor Vehicles
PO Box 16583
Columbus, Ohio 43216

My driving privileges in Ohio are suspended as the result of outstanding unpaid Bureau of Motor Vehicle (BMV) reinstatement fees in the amount of \$_____. A photocopy of BMV 2006 form showing all my unpaid reinstatement fees and driving suspensions is attached to this Petition.

I WILL BE ABLE TO PAY MY OUTSTANDING REINSTATEMENT FEES IF I AM GRANTED THE FOLLOWING PAYMENT PLAN: (check one)

Monthly Payment Plan of \$_____ per month (at least \$50.00). I will make monthly payments until all reinstatement fees are paid-in-full.

OR

180 Day Extension Payment Plan . Payment on reinstatement fees are deferred for 180 days. At the end fo the 180 day period, I will pay all reinstatment fees in full.

REQUEST FOR LIMITED DRIVING PRIVILEGES

(check one)

I have an Unexpired Driver's License. I have attached a photocopy of my drivers license.

OR

I do not have a Driver's License or it has Expired. Please issue me an order to test or re-test.

REASON(S) FOR REQUESTING LIMITED DRIVING PRIVILEGES
(complete the following information)

Proof of SR-22 Insurance or Bond attached: Yes/No (Circle one)

Are you the only member of your household with a license? Yes/No (Circle one)

EMPLOYMENT

Employer Name: _____

Employer Address: _____

Employer Phone #: _____

Normal Days and Hours of Work:

(Attach Schedule with your name or Letter from Employer)

VOCATIONAL

School Name: _____

School Address: _____

Class Times:

(Attach Current Class Schedule that includes your name)

MEDICAL

Court Ordered or Medical Treatment Provider Name and Address:

I do not have a current case pending in any other Court for which I may receive an additional suspension.

The undersigned certifies the information herein is true this _____ day of _____, 20__

X _____

Signature of Defendant

Signature of Attorney

Defendant Phone Number: _____ Attorney ID: _____

Defendant's Email: _____
