

IN THE MUNICIPAL COURT OF OAKWOOD, OHIO

Petitioner Name

Case Number

Street Address

Date of Birth

City / State / Zip

Driver's License Number

Petitioner

vs.

BMV of Ohio, Registrar

P.O. Box 16520

Columbus, OH 43216

Respondent

**PETITION FOR LIMITED
DRIVING PRIVILEGES**

I **have or have not** (circle one) petitioned another Court for limited driving privileges in regards to the same suspension(s). If so, what court? _____

I am requesting driving privileges on the following suspension(s):

_____ Administrative License Suspension (ALS) – for pending OVI

_____ Non Compliance/Financial Responsibility Insurance (FRA)

_____ Court Suspension

_____ Twelve Point Suspension

I am requesting that the Court grant limited driving privileges for the following reason(s):

_____ Work _____ School _____ Medical/Treatment _____ Probation _____ Other

I have **attached** the following proof:

_____ Current auto insurance or SR22 bond, if required by the BMV

_____ Letter or schedule from my employer stating when and where I work

_____ School schedule to prove when and where I attend class

Medical appointments or scheduled treatment information

Respectfully submitted,

Petitioner's Signature

Phone Number