

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.

**PETITION FOR LIMITED
DRIVING PRIVILEGES**

BMV of Ohio, Registrar
P.O. Box 16520
Columbus, OH 43216

Respondent

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