

BEFORE YOU CAN PETITION FOR LIMITED DRIVING PRIVILEGES

YOU WILL NEED THE FOLLOWING ITEMS:

YOU MUST PAY A **NON-REFUNDABLE** FILING FEE OF \$130.00 (180-DAY EXTENSION ON REINSTATEMENT FEE PAYMENT PLAN EXCLUDED).

TO SET UP A REINSTATEMENT FEE PAYMENT PLAN AND REQUEST LIMITED DRIVING PRIVILEGES:

- Proof of your SR-22 Insurance Policy or Bond;
- **Proof that you need occupational or family necessity driving privileges during certain days and hours.

TO REQUEST LIMITED DRIVING PRIVILEGES DURING SUSPENSION FOR FRA:

- Proof of your SR-22 Insurance Policy or Bond;
- **Proof that you need occupational or family necessity driving privileges during certain days and hours.

** Occupational -- (pay stub or letter from employer showing name, address, phone numbers of employer and days of employment)

** Family Necessity -- (please provide information concerning specific times you will need to drive to children's school, adult school or training, doctor, church, etc.)

**** **WARRANT BLOCKS MUST BE PAID TO THE COURT IN WHICH THEY ORIGINATED AND AND A RELEASE OBTAINED.---- THE REINSTATEMENT FEE FOR THE WARRANT BLOCKS MUST BE PAID TO THE BMV BEFORE ANY PRIVILEGES CAN BE GRANTED.**

NO PRIVILEGES ARE GRANTED HEREIN FOR ANY COMMERCIAL MOTOR VEHICLE FOR WHICH A CDL IS REQUIRED (4506.16 ORC).

If you have a question concerning your reinstatement fee, driver's license or driving suspensions, please contact the Ohio Bureau of Motor Vehicles at 1-614-752-7500.

IN THE MUNICIPAL COURT OF THE CITY OF VANDALIA, OHIO
CIVIL DIVISION

(NAME) : CASE NO. _____

(ADDRESS) : BMV CASE NO. _____

(CITY, STATE, ZIP CODE) : DOB: _____
: OLN: _____
: SSN: _____
Petitioner,
vs.
DON PETIT
REGISTRAR, BUREAU OF MOTOR VEHICLES :
Defendant. : PETITION FOR LIMITED
DRIVING PRIVILEGES

Please check **ALL** of the following that apply:

- _____ My driving (operating) privileges are suspended as a result of outstanding unpaid Bureau of Motor Vehicle (BMV) reinstatement fees in the amount of \$_____. A photocopy of BMV Form 2006 showing all of my unpaid reinstatement fees and driving suspensions is attached to this Petition. I now have and will continue to maintain a current SR-22 insurance policy or bond. A photocopy of my SR-22 insurance policy or bond is attached.
- _____ I will be able to pay my outstanding reinstatement fees if I am granted a reinstatement fee payment plan. The minimum payment is \$50.00 monthly payable to the Bureau of Motor Vehicles.
- _____ My driving privileges are suspended for failing to maintain proof of financial responsibility (insurance). I have paid my reinstatement fees and have no other driving suspensions. A photocopy of BMV Form 2006 showing my suspension and payment of reinstatement fee is attached. I now have and will continue to maintain a current SR-22 insurance policy or bond. A photocopy of my SR-22 insurance policy or bond is attached.
- _____ I do not have a driver's license or it has expired. Please issue me an Order to Test or Re-test for my driver's license and I will request driving privileges after I take my driver's exam or renew my license.
- _____ I need a 180-day extension of my reinstatement fee payment plan.

LOCATIONS FOR DRIVING PRIVILEGES:

I need to drive back and forth from my residence to these locations (list name and address for each location):

Work: _____

Educational Institution: _____

Vocational/Job Training Program: _____

Medical Office/Facility: _____

Court-Ordered Treatment Facility: _____

HOURS YOU NEED DRIVING PRIVILEGES:

	WORK	EDUCATION	TRAINING	MEDICAL	TREATMENT	FAMILY NECESSITY
Monday:	_____	_____	_____	_____	_____	_____
Tuesday:	_____	_____	_____	_____	_____	_____
Wednesday:	_____	_____	_____	_____	_____	_____
Thursday:	_____	_____	_____	_____	_____	_____
Friday:	_____	_____	_____	_____	_____	_____
Saturday:	_____	_____	_____	_____	_____	_____
Sunday:	_____	_____	_____	_____	_____	_____

Supervisor's name and telephone number _____

AFFIDAVIT

(Petitioner must sign Affidavit at Civil Counter)

STATE OF OHIO, COUNTY OF MONTGOMERY, ss:-

The undersigned, being first duly cautioned and sworn, and attesting that the above statements are true, deposes and states that I am: (please print name) _____, the Petitioner herein, and that I request limited driving privileges because I have insufficient income or funds to pay my reinstatement fees and need driving privileges in order to acquire the funds for the payment plan and/or that this is my first or second offense within 5 years for FRA (failure to maintain financial responsibility) and that I am licensed and eligible for limited driving privileges during my suspension by the Ohio Bureau of Motor Vehicles. I further understand that the \$130.00 civil filing fee to petition for said limited driving privileges is NON-REFUNDABLE (180-day extension on reinstatement fee payment plan excluded).

PHONE NUMBER

SIGNATURE OF AFFIANT/PETITIONER

Sworn to before me and subscribed in my presence this _____ day of _____, 20____.

DEPUTY CLERK