

IN THE EUCLID MUNICIPAL COURT
CUYAHOGA COUNTY, OHIO

PETITION FOR LIMITED DRIVING PRIVILEGES

NAME: _____

CASE NO: _____

I hereby request limited driving privileges as applicable. I have been notified that the date and reason for the suspension are as follows:

DATE OF SUSPENSION: _____

BMV CASE NUMBER: _____

DRIVER'S LICENSE NUMBER: _____

MY REASONS FOR REQUESTING THE COURT'S CONSIDERATION ARE:

	PETITION TYPE		COURT JURISDICTION
<input type="checkbox"/>	NONCOMPLIANCE SUSPENSION 2 nd OR 3 rd WITHIN 5 YEARS	4509.101	ANY COURT IN COUNTY WHERE PETITIONER RESIDES
<input type="checkbox"/>	REINSTATEMENT FEE PLAN	4510.10	COURT WHERE AN OFFENSE IS PENDING, MUNICIPAL COURT WHERE PETITIONER RESIDES
<input type="checkbox"/>	12-POINT APPEAL	4510.037	MUNICIPAL COURT WHERE PETITIONER RESIDES
<input type="checkbox"/>	OUT OF STATE OR FEDERAL OVI/DRUG CONVICTION OHIO RESIDENT	4511.191	MUNICIPAL COURT WHERE PETITIONER RESIDES, HAS OHIO LICENSE

I am employed at: _____
(Name of your employer)

(Address of your employer)

My work schedule is as follows: (DAYS AND HOURS OF WORK MUST BE LISTED)

Other specific reasons for my request for driving privileges:

Be allowed to retest or renew driver's license while under suspension.

Name

Date of Birth

Social Security Number

Address

City/State/Zip Code

Daytime Telephone Number

Signature

**AT THE TIME OF HEARING, PETITIONER MUST PROVIDE PROOF OF INSURANCE.
PROOF OF REMEDIAL DRIVING COURSE IF APPLICABLE**

\$90.00 FILING FEE REQUIRED