

**IN THE NEW PHILADELPHIA MUNICIPAL COURT
NEW PHILADELPHIA, OHIO**

Applicant Name

Case Number

Street Address

City, State, Zip

Phone Number

Date of Birth

**APPLICATION FOR
DRIVING PRIVILEGES**

Must also file:

\$40.00 Filing Fee

Current Proof of Insurance

Driving Privileges requested for:

- Employment:
Employer's name and address _____
Days and hours of work _____

- Education:
School name and address _____
Days and hours of school _____

- Medical treatment: (Must carry proof of appointment)

- Court Ordered treatment: (Must carry proof of appointment)

- Court appearances

- Other: _____

I have attached current proof of insurance and have filed said proof of insurance with the Ohio Bureau of Motor Vehicles if required.

I represent to the court that without driving privileges, a license suspension will seriously affect my ability to continue my employment, schooling, and/or treatment.

DATE

APPLICANT SIGNATURE