

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

Petitioner

Residence Address:

STREET

CITY, STATE, ZIP CODE

(Area Code) and Phone Number:

Date of Birth: _____

_____ Amended Privileges (\$25.00)

)
) Case No.: _____
)
)
) **PETITION FOR LIMITED DRIVING**
) **PRIVILEGES PURSUANT TO:**
)
) **FILED IN TRAFFIC OR CRIMINAL CASE –**
) **REQUIRES \$25.00 FILING FEE**
)
) _____ R.C. 2925 (Drug Offense) (Criminal)
) _____ Post Conviction—Suspension from
) Traffic Case, DUI, DUS (Traffic)
) _____ R.C. 4510.10 (Reinstatement Fee
) Payment Plan) Also must fill out
) application for payment plan.
)
)
) **FILED AS CIVIL CASE WITH FILING FEE**
)
) _____ R.C. 4511.191 (Administrative License
) Suspension) (Civil) \$40.00
) _____ R.C. 4511.191 (Appeal of
) Administrative License Suspension with
) driving privileges) (Civil) \$106.00 Also
) must file appropriate appeal.
) _____ R.C. 4509.101 (Non-Compliance
) Suspension) (Civil) \$40.00
) _____ R.C. 4510.037 (12 Point Appeal) (Civil)
) \$106.00 Also must file appropriate
) appeal.
)
)

**MUST FILE CURRENT PROOF
OF INSURANCE**

FOR ALL DRIVING PRIVILEGES:

The undersigned does hereby petition the court to grant him/her driving privileges (check applicable box)

- | | |
|--|---|
| <input type="checkbox"/> To and from place of employment | <input type="checkbox"/> During course of employment |
| <input type="checkbox"/> To and from place of school | <input type="checkbox"/> To and from place of treatment |

I have attached proof of financial responsibility (insurance) and have filed said proof of financial responsibility with the Ohio Bureau of Motor Vehicles if required.

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

1. Employment: _____
Employer's Name and Telephone Number _____
Employer's Address _____
Days and hours of work _____

2. Education: _____
School Name and Telephone Number _____
School's Address _____
Days and hours of school _____

3. Medical Treatment: _____
Provider Name and Telephone Number _____
Provider's Address _____
Reason for Treatment _____

4. Court Ordered Treatment: _____
Provider Name and Telephone Number _____
Provider's Address _____
Reason for Treatment _____

****Attach additional sheets and information if necessary.****

The petitioner further represents to the court:

1. That if the court does not grant limited driving privileges, the license suspension would seriously affect his/her ability to continue the above employment, schooling, and/or treatment.
2. That insurance is in effect and will be kept in effect as per R.C. 4509.101.

NOTICE: GIVING FALSE INFORMATION ON THE APPLICATION MAY RESULT IN PERSONAL PENALTIES OR JAIL AND OR A FINE.

APPLICANT SIGNATURE

I CERTIFY THAT I HAVE SERVED A COPY OF THIS APPLICATION UPON (CIRCLE ONE OR WRITE IN THE PROPER PROSECUTOR) THE NEW PHILADELPHIA, DOVER, CITY PROSECUTOR BY:

- Personally delivering the same to his office at 150 East High Avenue, New Philadelphia, Ohio. OR
- Mailing a copy by U.S. Mail to 150 East High Avenue, New Philadelphia, Ohio. OR
- Placing a copy in the Prosecutor's mailbox in the New Philadelphia Municipal Court.

APPLICANT SIGNATURE

Application must be accompanied by any required court costs.
Checks to be made payable to the New Philadelphia Municipal Court.