

THIS IS A PETITION, NOT A DRIVING PAPER

**IN THE FRANKLIN MUNICIPAL COURT
Franklin, Ohio**

Name

Address

City, State ZIP

CASE NO. _____

OLN: _____

SSN: _____

Petitioner

Vs.

OHIO BUREAU OF MOTOR VEHICLES

Respondent

PETITION FOR DRIVING PRIVILEGES

and **REINSTATEMENT FEE PLAN**

Petitioner has received notice from the Ohio Bureau of Motor Vehicles that Petitioner's driving privileges have been suspended for the following:

From _____, 20__ to _____, 20__ for a NON-COMPLIANCE SUSPENSION. BMV CASE NO. _____

From _____, 20__ to _____, 20__ for accumulating 12 POINTS or more within two (2) years. BMV CASE NO. _____

From _____, 20__ to _____, 20__ for an ALS SUSPENSION. BMV CASE NO. _____

Non-payment of reinstatement fees in the amount of \$ _____.

Petitioner states that he/she is a resident of The City of Franklin, Franklin Township, or Carlisle Warren County, Ohio, or received the ALS suspension in a case arising in this Court, and petitions this Court to set a reinstatement fee payment plan and/or grant to Petitioner privileges to operate a motor vehicle for the following purposes:

To, from and in the course of Petitioner's employment

To and from school

For medical purposes

Other, as follows: _____

Petitioner states that he/she is under no other driver's license suspensions.

Date: _____, 20__

Signature

PETITION FOR PRIVILEGES

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APPLICATION FOR LIMITED DRIVING PRIVILEGES

Full Name: _____

Residence Address: _____

(Area Code) and Phone Number: (_____) _____

Complete the following for each type of privilege requested:

1. Employment:

Employer Name and Phone Number: _____

Employer's Address: _____

Days and Hours of work: _____

2. Education:

School Name and Phone Number: _____

School's Address: _____

Days and Hours of School: _____

3. Medical Treatment:

Provider Name(s) and Phone Number(s) _____

Reason for Treatment: _____

The following documents must be attached to this application:

1. Proof of Insurance/Financial Responsibility for period of suspension or 6 months, whichever is less.
2. **Proof of payment** for insurance/financial responsibility for period of suspension or 6 months, whichever is less.
3. Letter from employer verifying days and hours of work.

Franklin Municipal Court Employment Verification

This form must be completed by your employer or supervisor. Failure to submit this form and PROOF OF INSURANCE to the Clerk's office will result in denial of driving privileges.

Employee name _____
Address _____
Phone _____
Employer _____
Full address _____
Length of employment _____

Employee's regular work schedule

Day	starting time	ending time
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

Signature of Employer/ Supervisor title date
Contact Phone # _____

Additional Shifts or comments from employer:

****THIS IS NOT A DRIVING PAPER, YOU WILL BE ISSUED A DRIVING PAPER BY THE CLERK'S OFFICE WHEN YOU RETURN THIS FORM WITH PROOF OF INSURANCE****