

INSTRUCTIONS FOR COMPLETING

PETITION FOR LIMITED DRIVING PRIVILEGES

1. COMPLETE ALL INFORMATION REQUESTED THAT APPLIES TO YOU ON THE FORM.
2. IF YOU ARE SEEKING DRIVING PRIVILEGES, PROVIDE A LETTER FROM YOUR EMPLOYER INDICATING THAT YOU ARE EMPLOYED, AND THAT YOUR NORMAL WORK HOURS ARE SHOWN. IF YOUR NORMAL WORK HOURS VARY DURING THE WEEK, HAVE YOUR EMPLOYER INDICATE THAT YOU ARE ON CALL OR HAVE VARIED WORK HOURS, BUT THEY CAN BE VERIFIED BY DOCUMENTATION. IT IS YOUR RESPONSIBILITY TO PROVE YOU ARE DRIVING WITHIN THE PRIVILEGES GRANTED!
3. IF YOU CHANGE EMPLOYMENT, YOU WILL NEED TO FILE A NEW PETITION TO INDICATE THE NAME OF YOUR NEW EMPLOYER AND THE HOURS OF WORK. PROVIDE A LETTER FROM YOUR NEW EMPLOYER INDICATING SO.
4. IF YOU ARE DRIVING TO SEEK EMPLOYMENT. IT IS YOUR BURDEN TO SHOW YOU ARE DRIVING WITHIN THE PRIVILEGES, AND THE TIME OF DAY PERMITTED.
5. IF YOU ARE ATTENDING SCHOOL, PROVIDE A COPY OF YOUR COURSE SCHEDULE AND ANY OTHER SCHOOL ACTIVITIES WHICH REQUIRE YOU TO ATTEND. AS ANY COURSE SCHEDULE CHANGES OR ACTIVITIES INCREASE OR DECREASE, YOU ARE REQUIRED TO INFORM THE COURT TO DETERMINE WHETHER YOUR PRIVILEGES NEED TO BE AMENDED.
6. PROVIDE PROOF OF INSURANCE/FINANCIAL RESPONSIBILITY, AND PAYMENT OF SAME. IF YOU PAY WEEKLY/MONTHLY, YOU MUST PROVIDE PROOF OF PAYMENT EACH TIME A PAYMENT IS DUE. FAILURE TO DO SO WILL RESULT IN AN IMMEDIATE SUSPENSION OF PRIVILEGES.
7. WHETHER YOU ARE ON A PAYMENT PLAN TO PAY YOUR FINE AND/OR COSTS TO THIS COURT, OR OWE MONEY TO THIS COURT AND HAVE MADE NO PLAN TO PAY. YOU MUST MAKE PAYMENT TO THIS COURT IN FULL BEFORE PRIVILEGES WILL BE GRANTED, OR ARRANGE TO PAY. IF YOU DO NOT PAY IN FULL, OR PAY ACCORDING TO YOUR PAYMENT ARRANGEMENTS, **YOUR PRIVILEGES WILL BE TERMINATED.**
8. READ THESE INSTRUCTIONS, THE PETITION AND THE PRIVILEGES YOU RECEIVE CAREFULLY. IF YOU DO NOT UNDERSTAND, OR IF THE PRIVILEGES ARE INCORRECT IT IS YOUR DUTY TO INFORM THE COURT.
9. IF YOU CHANGE ADDRESS OR PHONE NUMBER, IT IS YOUR DUTY TO INFORM THE COURT. FAILURE TO DO SO WILL RESULT IN IMMEDIATE TERMINATION OF YOUR PRIVILEGES.

I HAVE READ THESE INSTRUCTIONS, UNDERSTAND THEM, AND AGREE TO COMPLY WITH ANY DIRECTIVE CONTAINED IN THEM. I HAVE COMPLETELY FILLED OUT THE PETITION, READ AND UNDERSTAND IT, AND AGREE TO COMPLY WITH ANY DIRECTIVES CONTAINED IN IT.

DATED: _____

PETITIONER

WITNESS:

PROBATION OFFICER/DEPUTY CLERK

IN THE MUNICIPAL COURT OF ASHLAND, OHIO

PETITION FOR LIMITED DRIVING PRIVILEGES

Full Name: _____ Case Number: _____

Residence Address: _____
Street City State Zip

Phone Number: (____) _____ D. O. B.: _____ S. S. N. XXX-XX-____ O.L.N. _____

Type of Suspension: _____

I hereby petition the Ashland Municipal Court for the following driving privileges:

FROM MY PLACE OF RESIDENCE,

- To drive to, from, (and _____ during the scope of) employment at:
(check if applicable)

Name of Employer: _____

Address: _____
Street City State Zip

Days & Hours of Work: _____

- To seek employment during the weekdays between the hours of 8:00am and 5:00pm only. I understand it is my obligation to prove I am driving to seek employment.
 To drive to and from school:

School Name and Telephone Number: _____

School Address: _____
Street City State Zip

Days & Hours of School: _____

- To drive to and from my required appointments with the Probation/Community Control Department of the Ashland Municipal Court.
 To drive to and from an approved Driver's Intervention Program, Alcohol Counseling and/or Drug Awareness Program.
 To drive to and from the doctor or hospital, for medical needs, in the event it is necessary for myself or my immediate family members, provided no other licensed driver is reasonably available.
 Other: _____

I understand that, should I owe the Ashland Municipal Court fines, costs, restitution and/or Probation Fees, these driving privileges may be revoked if I am late on any payment due the Court. I further understand that I must 1) pay any costs to file this petition, 2) provide proof and payment of insurance/financial responsibility for the period of suspension or 6 months, whichever is less, 3) a letter from my employer and/or school verifying the days and hours of work or school. Privileges will be withheld until payment and documents are provided.

Defendant's Signature

Date: _____

Privileges to be prepared by: ____ Court ____ Defendant's Attorney