

IN THE MUNICIPAL COURT OF DELAWARE COUNTY, OHIO

70 North Union Street • Delaware, Ohio 43015 • 740.203.1570 • Fax 740.203.1599 • www.municipalcourt.org

State of Ohio

Case # _____

vs.

Choose only ONE:

If nothing is checked – ruling will be mailed

Please mail

Will pick up

Defendant _____

Motion for Limited Driving Privileges
ALL INFORMATION SUBJECT TO VERIFICATION

Defendant moves the court to grant limited driving privileges as shown and certifies that the following is true and accurate:

1. Applicant's Current Residence Address (MUST BE COMPLETE)

Street _____

City/State/Zip _____

2. Drivers License # _____

3. Date of Birth _____

4. Employer/School Information

1st Employer/School _____

2nd Employer/School _____

ALL INFORMATION MUST BE COMPLETED

A. Employer Name _____

B. Street Address _____

C. City, State and Zip _____

D. Employer/School Phone

() _____

() _____

F. Normal days and hours - EXCLUDING commute time: (IF YOU FAIL TO PROVIDE HOURS YOUR APPLICATION WILL BE DENIED. Excessive hours (i.e. 50 hours/week or more than 10 hours/day) WILL cause delay/denial and/or lead to added restrictions

Check ONLY if you are "on call" during other hours.

Table with columns: From, To, Mon, Tues, Wed, Thur, Fri, Sat, Sun, AM, PM. It contains two identical sets of time slots for daily driving hours.

5. Certain OVI offenders are limited to driving vehicles with restricted plates and all TRAFFIC offenses must accompany a completed BMV4808 form (found at www.municipalcourt.org and www.ohiobmv.com for EACH vehicle.

6. All applicants must submit completed application and include current proof of insurance and court filing fee. Failure to provide any of these requirements will result in the denial of your application. Filing procedure and process can be obtained at www.municipalcourt.org

The undersigned certifies the information herein is true, _____, 20____.

X
Defendant's signature (not required if filed by attorney)

Signature & REG # of Atty X _____

Phone X _____

PRINT name of Atty X _____
(IF filed by attorney)

Email X _____

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