

IN THE DELAWARE MUNICIPAL COURT, DELAWARE, 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 Driving Privileges

ALL INFORMATION SUBJECT TO VERIFICATION

Defendant declares the following is true and accurate and moves the Court to grant:

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.

	From	To		From	To
Mon	_____AM	_____PM	Mon	_____AM	_____PM
Tues	_____AM	_____PM	Tues	_____AM	_____PM
Wed	_____AM	_____PM	Wed	_____AM	_____PM
Thur	_____AM	_____PM	Thur	_____AM	_____PM
Fri	_____AM	_____PM	Fri	_____AM	_____PM
Sat	_____AM	_____PM	Sat	_____AM	_____PM
Sun	_____AM	_____PM	Sun	_____AM	_____PM

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.ohiobm.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

7. Other: _____

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 _____