

HURON MUNICIPAL COURT  
417 MAIN STREET  
HURON, OH 44839  
419-433-5430  
419-433-3272 FAX

Petitioner: \_\_\_\_\_ \* CASE NO. \_\_\_\_\_

Address: \_\_\_\_\_ \*

\_\_\_\_\_ \*

Phone: \_\_\_\_\_ \*

**PETITION FOR LIMITED  
DRIVING PRIVILEGES  
PURSUANT TO:**

- \_\_\_\_\_ R.C. 2925 (Drug Offense)  
\_\_\_\_\_ R.C. 4507.16(B) (Post Conviction Driving Susp)  
\_\_\_\_\_ R.C. 4511.191 (Administrative License Susp)  
\_\_\_\_\_ R.C. 4511.196 (Judicial Suspension)  
\_\_\_\_\_ R.C. 4509.101 (Non-Compliance)  
\_\_\_\_\_ R.C. 4510.037 (12 Point Petition)  
\_\_\_\_\_ R.C. 4510.10(B) (Reinstatement Fee Pay Plan)

**\*\*YOU MUST PROVIDE PROOF OF PAYMENT OF INSURANCE BEFORE RECEIVING  
DRIVING LETTER\*\*** (Something that shows how far your insurance policy is paid. Ex: cancelled  
check w/last bill, or letter from agent stating how far policy is paid.)

The petitioner does hereby petition the court to grant him/her the following driving privileges during the period of  
the driving suspension imposed by the court or BMV (Check all that apply):

- \_\_\_\_\_ To and from place of employment.  
\_\_\_\_\_ During course of employment.  
\_\_\_\_\_ To and from place of schooling.  
\_\_\_\_\_ To and from place of treatment.

The petitioner makes the following representations to the court : (Check applicable hours and fill in all applicable  
blanks).

(1) \_\_\_\_\_ He/she is presently employed as \_\_\_\_\_ by  
Job Title  
\_\_\_\_\_  
Name of Employer  
located at \_\_\_\_\_.

\_\_\_\_\_ He/she is self-employed under the trading name of \_\_\_\_\_,  
located at \_\_\_\_\_.

(a) Days he/she works: \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun

(b) Hours of Employment: Start time \_\_\_\_\_ am/pm

End time \_\_\_\_\_ am/pm

If hours vary, please explain: \_\_\_\_\_.

**\*\*LETTER FROM EMPLOYER IS REQUIRED STATING DAYS AND HOURS WORKED\*\***

(2) \_\_\_\_\_ He/she presently has a second job employed as \_\_\_\_\_ by  
Job Title

\_\_\_\_\_  
Name of Employer  
located at \_\_\_\_\_.

(a) Days he/she works: \_\_\_Mon \_\_\_Tue \_\_\_Wed \_\_\_Thu \_\_\_Fri \_\_\_Sat \_\_\_Sun

(b) Hours of Employment: Start time \_\_\_\_\_ am/pm

End time \_\_\_\_\_ am/pm

If hours vary, please explain: \_\_\_\_\_.

(3) \_\_\_\_\_ He/she presently enrolled as a student at \_\_\_\_\_  
Name of School

located at \_\_\_\_\_.

(a) Days he/she attends classes: \_\_\_Mon \_\_\_Tue \_\_\_Wed \_\_\_Thu \_\_\_Fri \_\_\_Sat \_\_\_Sun

(b) Hours of classes: Class(es) start time \_\_\_\_\_ am/pm

Class(es) end time \_\_\_\_\_ am/pm

**\*\*SCHOOL SCHEDULE WILL BE REQUIRED AS PROOF OF ENROLLMENT\*\***

(4) \_\_\_\_\_ He/she is presently receiving court ordered treatment from: \_\_\_\_\_

located at \_\_\_\_\_.

(5) \_\_\_\_\_ He/she is presently attending AA meetings at \_\_\_\_\_.

(6) \_\_\_\_\_ He/she requests to/from medical appointments for self and household family members with proof of appointment shown to officer.

(7) \_\_\_\_\_ He/she requests driving privileges for personal needs (groceries, banking, gas, etc). This is to be a 2-hour time period one day a week.

Day requested \_\_\_\_\_ Time requested \_\_\_\_\_

(8) \_\_\_\_\_ Other driving privileges requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(9) Upon Driving Privileges being granted, please do the following with my updated driving letter:

\_\_\_\_\_ Mail Letter                      \_\_\_\_\_ Letter to be Picked Up                      \_\_\_\_\_ Fax Letter to: \_\_\_\_\_

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 THIS PETITION MAY RESULT IN PENALTIES OF IMPRISONMENT AND/OR FINE.**

DATE \_\_\_\_\_

\_\_\_\_\_  
Petitioner's Signature

\*\*\*\*\*

**\*\*The remainder of this form will be completed by the Court\*\***

\_\_\_\_\_ Denied

Reapply on \_\_\_\_\_

\_\_\_\_\_ Approved as Requested

Date Privileges to Start: \_\_\_\_\_

\_\_\_\_\_ Approved with Following Changes:

\_\_\_\_\_ Ignition Interlock Required

\_\_\_\_\_ 20/20 Interlock Required

\_\_\_\_\_ Restricted Plates Required

\_\_\_\_\_ Following changes to Request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
DATE APPROVED

\_\_\_\_\_  
JUDGE WILLIAM STEUK