

IN THE LORAIN MUNICIPAL COURT
LORAIN, OHIO

In the matter of:

Name: _____

Case No. _____

APPLICATION FOR LIMITED DRIVING
PRIVILEGES

SSN/DOB: _____

Street Address: _____

City: _____

Phone: _____

I BELIEVE I AM UNDER SUSPENSION FOR THE FOLLOWING REASONS (check all that apply)

I am currently under a financial responsibility "FRA" Suspension imposed by the State of Ohio Bureau of Motor Vehicles.

I currently owe unpaid reinstatement fees to the State of Ohio Bureau of Motor Vehicles. I owe approximately \$___. YOU MUST FILL OUT THE FINANCIAL FORM OF INDIGENCE ATTACHED IF YOU SELECT THIS OPTION.

I understand that either of two (2) payment plan types can be requested (choose one):

A plan that permits payment of not less than \$50.00 per month each and every month, missing no payments, until all reinstatement fees are paid in full, or

A plan that permits me to defer or put off payment of all of the reinstatement fees until a future date certain but no longer than six (6) months.

I am under a points suspension "12-point" imposed by the State of Ohio Bureau of Motor Vehicles.

Along with an item checked above I may need to re-new my driver's license due to expiration or re-test.

I am not sure why I am under suspension and I am requesting the Court's assistance to obtain limited driving privileges if possible.

I AM REQUESTING PRIVILEGES FOR THE FOLLOWING PURPOSES:

OCCUPATIONAL:

Place of Employment _____

Address _____

City, Zip _____

Schedule _____

Place of Employment _____

Address _____

City, Zip _____

Schedule _____

MEDICAL REASONS:**Doctor** _____

Address _____

City, Zip _____

Doctor _____

Address _____

City, Zip _____

EDUCATIONAL:**School** _____

Address _____

City, Zip _____

Schedule _____

ATTEND TREATMENT:**Treatment Facility/Place** _____

Address _____

City, Zip _____

Schedule _____

Treatment Facility/Place _____

Address _____

City, Zip _____

Schedule _____

- I further state that without driving privileges, I cannot continue or improve my employment or obtain employment and, therefore, I cannot support myself or my dependents all of whom are listed on my financial disclosure form.
- I further state that I **have now and will continue to maintain a current SR-22 insurance policy or bond**, a copy of which is also attached to this request.

Respectfully requested,
