

# JACKSON COUNTY MUNICIPAL COURT

## APPLICATION FOR LIMITED DRIVING PRIVILEGES

To be considered for limited driving privileges you must meet the following qualifications:

- A) You must have a current Ohio Driver's License and proof of insurance
- B) You may not have any other suspensions on your record that would prevent you from obtaining driving privileges.
- C) If you owe the court other fines and or costs, you must be current on your payment plan.
- D) You must demonstrate a specific need to be allowed to drive

To apply for privileges, you **must** provide the court the following information:

Proof of insurance on the vehicle you will be operating during your suspension period.

The attached application. Make sure all of your information is CORRECT and COMPLETE. If you are denied because of a mistake or omission, you may be required to start the process over and pay an additional filing fee.

Proof of employment on company letterhead, including your work schedule and current paystub. Or, if you are self-employed, your last tax statement or business license.

Specific information for other driving needs such as education, vocational, medical, etc., as indicated on the application.

The \$25 filing fee (\$5 for renewal).

**\*\*\*COURT PERSONNEL ARE NOT PERMITTED TO ASSIST YOU IN COMPLETING YOUR APPLICATION\*\*\***

PLEASE SEEK THE ADVICE OF AN ATTORNEY IF YOU HAVE QUESTIONS

**IN THE MUNICIPAL COURT OF JACKSON COUNTY, OHIO**

**APPLICATION FOR LIMITED DRIVING PRIVILEGES**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Court Case No. \_\_\_\_\_ Offense: \_\_\_\_\_

Check One:      Court Suspension – Date: \_\_\_\_\_ ALS – Date: \_\_\_\_\_ OL # \_\_\_\_\_

Check all that apply:

**OCCUPATIONAL:**

Name of business: \_\_\_\_\_

Address of business: \_\_\_\_\_

Work Schedule must be attached to this application.

Are you required to work overtime? Yes No IF Yes, When? \_\_\_\_\_

Do you work at a location other than the business address? Yes No

If YES, address of work: \_\_\_\_\_

Are you required to drive a: Company Vehicle or Personal vehicle in connection with your job? Yes No

If YES, explain: \_\_\_\_\_

**EDUCATIONAL:**

Name of school: \_\_\_\_\_

Address of school: \_\_\_\_\_

Class schedule must be attached to this application.

**YOU MUST CARRY YOUR CLASS SCHEDULE WITH YOU WHILE DRIVING**

**VOCATIONAL:**

List of all job related activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL:**

Name of doctor: \_\_\_\_\_ Address: \_\_\_\_\_

**YOU MUST CARRY PROOF OF APPOINTMENT, DOCTOR'S ORDER, OR PRESCRIPTION WITH YOU WHEN DRIVING**

**LICENSE EXAMINATION:** You may drive in conjunction with taking a driver's license examination.

**COURT ORDERED TREATMENT/COMMUNITY SERVICE:** You may drive to/from treatment/community service.

Name of program: \_\_\_\_\_

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

Days and hours: \_\_\_\_\_

**YOU MUST CARRY A COPY OF THE APPOINTMENT NOTICE WITH YOU.**

I swear and affirm the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Phone Number

**\*NOTICE\* Limited Driving Privilege is only valid with a current driver's license (not just an identification card or an expired license)**

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OFFICIAL COURT USE ONLY

Approved.

\_\_\_\_\_  
Judge/Magistrate