

IN THE JACKSON COUNTY, OHIO MUNICIPAL COURT

IN RE Operator's License of:

CASE NO. _____

Driver's Name

Residential Addressee

Operator's License Number

Social Security Number

Date of Birth

Mailing Address

Telephone Number

Cell Number

APPLICATION FOR LIMITED DRIVING PRIVILEGE

- ____ 1. I seek Limited Driving Privileges pursuant to ORC Secs. 4510.021, 4510.31. **A letter from the Ohio Bureau of Motor Vehicles is attached to this application explaining license status.**
- ____ 2. I attach a **Dated** Proof of Insurance revealing the date the policy is actually paid until _____, signed by my insurance agent, underwriter, or insurance provider, subject to verification.
- ____ 3. I am employed by _____, attach proof of employment and schedule, and my days/hours of employment are described as:
_____.
- ____ 4. I must leave my residence no later than _____ . **m.** to arrive at my work on time.
- ____ 5. I usually will return to my residence after work no later than _____ . **m.**
- ____ 6. I must attend medical and or counseling visits for myself and or other persons in my family.
- ____ 7. I must attend court proceedings, community control activities, and or meet counsel
- ____ 8. I am a student at _____ with driving needs. I attach a proof of enrollment and class activity schedule. My driving needs are as follows: _____
- ____ 9. I allege Family Necessity described at the attached page.
- ____ 10. I submit proof of ownership by way of title and or registration.
- ____ 11. **I am requesting extension of a previously granted privilege. I submit updated Proofs with this application.**

I am filing this application in order to prevent undue financial or other hardship to myself and or my family, and or prevent the loss of my employment.

X _____
Applicant