

(NOTE: THIS FORM MAY ONLY BE USED IF YOUR LICENSE HAS BEEN SUSPENDED UNDER EITHER R.C. 4509.101-AN INSURANCE SUSPENSION OR YOU HAVE RECEIVED A 12 POINT SUSPENSION OR ANY OTHER SUSPENSION ISSUED BY THE BUREAU OF MOTOR VEHICLES OR YOU HAVE RECEIVED A COURT SUSPENSION AFTER BEING CONVICTED OF A DRUG CHARGE)

Oberlin Municipal Court
Oberlin, Ohio

Name: _____
Address: _____

SSN: _____
D.O.B: _____
License No. _____

Case No. _____
BMV Case No. _____
(if applicable)

Judge: _____

Petition for Driving Privileges

The undersigned has received a suspension of his/her driving privileges by the Ohio Bureau of Motor Vehicles. The type of suspension and period of the suspension is:

- A twelve point suspension from _____ to _____.
- A suspension pursuant to R.C. 4509.101 for failure to maintain insurance from _____ to _____.
- A suspension as a result of a drug conviction from _____ to _____.
- Other
(describe) _____
_____ from _____ to _____.

Driving privileges are requested for the following (check whichever boxes apply and complete the worksheet attached hereto and incorporated herein):

- Occupational Educational Medical Other (please describe) _____

The undersigned acknowledges that privileges cannot be granted if there are any other restrictions or suspensions against my driving privileges and that I must provide proof of financial responsibility in accordance with the law prior to any privileges being granted. I agree to pay the costs of these proceedings and understand that there is no guarantee that I will be granted privileges.

Date: _____

Petitioner