IN THE EUCLID MUNICIPAL COURT
CUYAHOGA COUNTY, OHIO

PETITION FOR LIMITED DRIVING PRIVILEGES

NAME: _____ CASE NO: _____

I hereby request limited driving privileges as applicable. I have been notified that the date and reason for the suspension are as follows:

DATE OF SUSPENSION: _____

BMV CASE NUMBER: _____

DRIVER'S LICENSE NUMBER: _____

MY REASONS FOR REQUESTING THE COURT'S CONSIDERATION ARE:

	PETITION TYPE		COURT JURISDICTION
☐	NONCOMPLIANCE SUSPENSION 2nd OR 3rd WITHIN 5 YEARS	4509.101	ANY COURT IN COUNTY WHERE PETITIONER RESIDES
☐	REINSTATEMENT FEE PLAN	4510.10	COURT WHERE AN OFFENSE IS PENDING, MUNICIPAL COURT WHERE PETITIONER RESIDES
☐	12-POINT APPEAL	4510.037	MUNICIPAL COURT WHERE PETITIONER RESIDES
☐	OUT OF STATE OR FEDERAL OVI/DRUG CONVICTION OHIO RESIDENT	4511.191	MUNICIPAL COURT WHERE PETITIONER RESIDES, HAS OHIO LICENSE

I am employed at: _____
(Name of your employer)

_____
(Address of your employer)

My work schedule is as follows: (DAYS AND HOURS OF WORK MUST BE LISTED)

_____
_____
_____

Other specific reasons for my request for driving privileges:

_____
_____
_____
_____

☐ **Be allowed to retest or renew driver's license while under suspension.**

_____
Name

_____ _____
Date of Birth **Social Security Number**

_____
Address

_____
City/State/Zip Code

_____ _____
Daytime Telephone Number **Signature**

AT THE TIME OF HEARING, PETITIONER MUST PROVIDE PROOF OF INSURANCE.
PROOF OF REMEDIAL DRIVING COURSE IF APPLICABLE

$90.00 FILING FEE REQUIRED