

IN THE DEFIANCE MUNICIPAL COURT
DEFIANCE COUNTY, OHIO

CASE NO.: _____

NAME (FIRST, MIDDLE INITIAL, LAST NAME)

ADDRESS

CITY, STATE, ZIP CODE

DAYTIME PHONE NUMBER

SSN (Last four digits)

DOB

LICENSE NUMBER

EXPIRATION DATE

PETITION WITH REQUEST
FOR OCCUPATIONAL
DRIVING PRIVILEGES
WHILE UNDER SUSPENSION

PETITIONER

- 1.) PETITIONER STATES THAT HE/SHE HAS BEEN PLACED UNDER A COURT SUSPENSION OR AN ADMINISTRATIVE LICENSE SUSPENSION IMPOSED BY THE OHIO BUREAU OF MOTOR VEHICLES DUE TO REFUSING OR FAILING A CHEMICAL TEST.
- 2.) PETITIONER AGREES TO PAY THE COST OF THIS PROCEEDING.
- 3.) I AM EMPLOYED AT:

NAME OF EMPLOYER

ADDRESS

CITY, STATE, ZIP CODE

Occupation: _____

- 4.) I WORK THE FOLLOWING SCHEDULE AND HAVE ATTACHED A SIGNED LETTER FROM MY EMPLOYER ON COMPANY LETTERHEAD REFLECTING THE DAYS/HOURS I AM REQUIRED TO WORK.

DAYS OF THE WEEK	STARTING TIME (am/pm)	QUITTING TIME (am/pm)
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

Overtime requirement: YES NO

If yes, list days and hours overtime may be required: _____

Amount of time it takes to drive to work: _____

Other privileges requested; i.e. to/from school, personal business (choose 4 hours once per week), etc. (please provide details and be specific): _____

Note: If requesting privileges to and from school please provide the name and address of each school and attach verification of the days and hours classes are attended. Please include the amount of time it takes to drive to/from the school.

- 5.) Proof of insurance forms provided by the Court have been completed by my insurance company and are attached to this petition.
- 6.) I have an Ohio operator's license and to the best of my knowledge, my license is not suspended for any other reason and/or has not expired.
- 7.) All the information I have provided is true and correct to the best of my knowledge.

PETITIONER

NOTE:

- You may be required to obtain restricted plates and/or ignition interlock system on your vehicle as a condition of the permit to drive.
- Depending on your violation, you may be required to serve a mandatory suspension during which no privileges may be permitted by the Court pursuant to the Ohio Revised Code.
- Keep in mind it usually takes 48-72 hours to process a card to drive.
- You must sign your card, therefore, it cannot be mailed and no one else may pick up your permit for you.
- If you were convicted of operating a motor vehicle after underage alcohol consumption (OVUAC) you will be required to complete a remedial driving course, pay the reinstatement fee, and retake a complete driver license examination prior to the Court being able to grant driving privileges.
- You may be required to pay fines and costs in full prior to a driving permit being granted.
- YOU CANNOT OPERATE A VEHICLE UNTIL YOU HAVE BEEN GIVEN A PERMIT TO DRIVE FROM THE COURT SIGNED BY A JUDGE. YOU ARE REQUIRED TO CARRY THE PERMIT WITH YOU AT ALL TIMES WHEN OPERATING A MOTOR VEHICLE.

PROOF OF FINANCIAL RESPONSIBILITY

Traffic offense requiring a court appearance covered under Chapter 4509 of Ohio Revised Code
At the time of the offense, (date) _____ was the driver/vehicle covered by property damage and bodily injury insurance as required by the Ohio Revised Code, Section 4509.101? () yes () no

Name and address of insurance company: _____

Driver's name and address: _____

Owner's name and address: _____

Name in which policy was issued: _____

Policy number: _____ Effective dates: _____ to _____

DOB: _____ License plate number: _____ Vehicle Serial Number: _____

Vehicle year: _____ Vehicle make/model: _____

Signature of Insurance Agent or Authorized Insurance Company representative and his/her address

SELF-INSURED OR UNDER FLEET COVERAGE

Do you operate Fleet Coverage (SR-23) on file with Registrar of Motor Vehicles? () yes () no

Has Registrar issued a Certificate of self-insurance? () yes () no Permit number: (if "yes") _____

Was your vehicle operating under authority of PUCO or ICC? () yes () no Permit number: (if "yes") _____

PROOF OF INSURANCE

This is to certify that _____ (name) is covered by property damage and bodily injury liability insurance as required by the Ohio Revised Code, Section 4509.101.

Driver's name: _____

Address: _____

Owner's name: _____

Address: _____

Name and address of insurance company: _____

Name in which policy was issued: _____

Policy number: _____ Effective dates: _____ to _____

X _____
Signature of insurance agent or authorized insurance company representative and address