

INFORMATION SHEET FOR LIMITED DRIVING PRIVILEGE PETITION

NOTICE: You may be able to apply for limited driving privileges although your driver license is suspended. Please review the information contained on this page. If you believe that you meet the requirements, follow the instructions below.

The court cannot give you privileges IF:

- You have had more than one prior suspension within the past 5 years for NOT having insurance coverage; or
- You have had a **twelve (12) point suspension** in the last five years; or
- You have **not paid for damages** you caused in a motor vehicle accident.

To receive limited driving privileges, you must do ALL of the following:

1. **Pay for damages** you caused if you were involved in a motor vehicle accident;
2. **Obtain approved financial responsibility (INSURANCE) coverage**,
(means one of the following:
 - a. An **SR-22 Insurance or Surety Bond** (must be obtained from a commercial insurance company.)
 - b. A \$60,000.00 real estate bond which may be obtained through the BMV, or
 - c. A cash deposit of \$30,000.00 which must be deposited with the BMV.
3. **Pay all reinstatement fees** unless you are applying for an extension payment plan and agree to pay all fees within no more than 180 days.
4. Fill out and sign the **PETITION** and **INFORMATION SHEET** in this packet, along with copies of all requested information listed on the bottom of information sheet.
5. Bring or mail the petition (2 copies if you want one back) and the **appropriate** filing fee as listed in the petition form to:
Cleveland Heights Municipal Court
40 Severance Circle
Cleveland Heights, OH 44118

WARNING: There may be a hard time period in which you cannot receive limited driving privileges of up to 15 days.

IN THE CLEVELAND HEIGHTS MUNICIPAL COURT

Case No. _____

Name of Petitioner

G 12 POINT SUSPENSION APPEAL PETITION
R.C. 4510.037(G) **\$85.00 fee**

Street Address

G FINANCIAL RESPONSIBILITY SUSPENSION
PETITION FOR LIMITED DRIVING PRIVILEGES
\$85.00 fee

City/State/ Zip

G (Class E - 3 month suspension)

Phone Number

R.C.4509.101(A)(2)(a)- 1st suspension

Social Security No.

G (Class C- 1 year suspension)

R.C.4509.101 (A)(2)(b)- 2nd suspension
after 15 days

License No.

VS.

G PETITION FOR EXTENSION OF TIME TO PAY
REINSTATEMENT FEES **\$50.00 fee**
R.C. 4510.10(B)(2)

REGISTRAR,
BUREAU OF MOTOR VEHICLES
Driver's License Division
P.O. Box 16520
Columbus, Ohio 43266-0020

**Occupational/ Family Necessity Privileges
Only**

BMV Case No.

G REINSTATEMENT FEE PAYMENT PLAN R.C.
4510.(B)(1) **\$50.00 fee**
Payments of not less than \$50.00per month
No Driving Privileges Permitted

G I am requesting driving occupational driving privileges. I have attached proof of
employment showing the location of my employer(s), hours and days of employment.

G I am requesting driving privileges for educational, vocational, medical, or other reasons. I
have attached a schedule showing the specific purpose, location, dates, and times that
driving privileges are needed.

G I have paid all reinstatement fees.

Or G I have not paid my reinstatement fees and request up to 90 days to pay the fees.

G I have not paid my reinstatement fees and request a payment plan of \$_____ per
month until the fee is paid in full. NO DRIVING PRIVILEGES REQUESTED

G I did not cause any damage to any person/ property as a result of a motor vehicle
accident.

Or G I have paid for any damages I cause as a result of a motor vehicle accident.

This information is true to the best of my knowledge and I have attached proof of financial
responsibility.

Signed _____

INFORMATION FOR DRIVING PRIVILEGES

Must accompany any BMV Petition

Name: _____ Case # _____

Employer Name: _____ Phone: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

I work the following schedule:

DAYS OF WEEK	STARTING TIME	QUITTING TIME
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

I drive in the course of my employment: ___ Yes ___ No

I need other driving privileges for the following necessities:

PURPOSE	LOCATION	DATE	TIME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHECK OFF AND ATTACH THE FOLLOWING:

- BMV Notice of Suspension Receipt for BMV Payment Letter from employer
- Copy of insurance card or declarations page valid for at least 90 days