

Maumee Municipal Court

Daniel G. Hazard, Judge

400 Conant Street
Maumee, OH 43537
Phone: (419) 897-7145
Fax: (419) 897-7129
www.maumee.org

Application/Petition for Limited Driving Privileges while under the following suspension:

- FRA SUSPENSION & BMV PAYMENT PLAN
 - FRA SUSPENSION or 12 POINT APPEAL
 - ADMINISTRATIVE LICENSE SUSPENSION
 - OUT-OF-STATE ALCOHOL OR DRUG SUSPENSION
-

Full Name: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Last 4 SSN: _____

THE FOLLOWING DOCUMENTS MUST BE ATTACHED:

- Notice of Suspension from the BMV.
 - A paper copy of SR22 & Proof of Insurance.
 - Letter from employer, on company letterhead, verifying days and hours of work.
 - Class schedule verifying days and hours of classes.
-

1. If privileges are granted, you must carry work schedule to be valid.

Employer's Name: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time							
End time							

2. If privileges are granted, you must carry education schedule to be valid.

Name of School: _____

School's Address: _____

City: _____ State: _____ Zip: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time							
End time							

3. Court ordered/medical treatment:

Provider's Name: _____

Provider's Address: _____

City: _____ State: _____ Zip: _____

Day(s) and Time: _____

The undersigned represents to the court that:

- I. If the court does not grant limited driving privileges, the license suspension would seriously affect his/her ability to continue employment, schooling and/or treatment.
- II. Insurance is in effect and will be kept in effect as per R.C. 4509.101.
- III. I am not currently under any other driving suspension by any other court or the Ohio Bureau of Motor Vehicles.

Notice: Giving false information on this petition may result in personal penalties of imprisonment and/or fine.

I, _____, understand that if I use my restricted right to drive for any purpose other than indicated above, I will be subject to being arrested for operating a motor vehicle while my license is under suspension. I HAVE READ AND UNDERSTAND THE CONDITION(S) OF LIMITED DRIVING RIGHTS ABOVE.

Petitioner's Signature

Date

*****COURT USE ONLY*****

_____ **Denied:** _____

_____ **Approved:**

- Limited Driving Privileges Employment
- Education
- Court Ordered/Medical Treatment
- Other
- Ignition Interlock Required
- Restricted Plates

Judge

Date