

MIDDLETOWN MUNICIPAL COURT LIMITED DRIVING PRIVILEGES

If your license was suspended in Middletown Municipal Court , you may file a petition for limited driving privileges.

The Court is not required to issue limited driving privileges and may decline to do so based upon your driving record and other factors.

1. BUREAU OF MOTOR VEHICLE REQUIREMENTS

- A. YOU MUST HAVE AN OHIO DRIVER'S LICENSE.
- B. YOU MUST BE IN COMPLIANCE WITH ALL SUSPENSIONS BEFORE YOU APPLY FOR LIMITED DRIVING PRIVILEGES.
- C. YOU MUST FILE AND MAINTAIN REQUIRED INSURANCE WITH THE BUREAU OF MOTOR VEHICLES.

2. MIDDLETOWN MUNICIPAL COURT REQUIREMENTS

- A. **ALL MONIES OWED THIS COURT MUST BE PAID IN FULL.
(THIS INCLUDES FINES, COURT COSTS, RESTITUTION, ETC.)**
- B. THE COURT **IS NOT REQUIRED** TO GRANT LIMITED DRIVING PRIVILEGES AND MAY DECLINE TO DO SO BASED UPON YOUR DRIVING RECORD AND OTHER FACTORS.
- C. IF YOU ARE GRANTED THE AUTHORITY TO OPERATE A MOTOR VEHICLE WITH LIMITED DRIVING PRIVILEGES DURING THE PERIOD OF TIME YOU ARE UNDER AN DRA RACING SUSPENSION THE COURT SHALL SPECIFY THE PURPOSES, TIMES, AND PLACES OF THE PRIVILEGES.

3. FILING REQUIREMENTS WITH THE COURT

- A. COMPLETE THE ATTACHED **PETITION FOR LIMITED DRIVING PRIVILEGES** ON A DRAG RACING SUSPENSION.
- B. COMPLETE THE **APPLICATION FOR LIMITED DRIVING PRIVILEGES** AND **ATTACH A COPY OF YOUR INSURANCE AND PROOF OF EMPLOYMENT.**
- C. SUBMIT THE ABOVE COMPLETED FORMS AND NECESSARY ATTACHMENTS **TO THE PROBATION DEPARTMENT ON THE THIRD FLOOR OF THE CITY**

COURT PROCEDURE

- A. UPON RECEIPT OF YOUR DOCUMENTS THE COURT WILL REVIEW YOUR PETITION AND APPLICATION TO VERIFY THEY MEET THE LEGAL REQUIREMENTS TO ISSUE YOU LIMITED DRIVING PRIVILEGES.
- B. **YOU ARE NOT PERMITTED TO DRIVE UNTIL YOU RECEIVE YOUR ACTUAL LIMITED DRIVING PRIVILEGE LETTER FROM THIS COURT.**
- C. PLEASE CALL (513) 425-7803, **THREE FULL BUSINESS DAYS, FROM THE DATE YOU SUBMITTED** YOUR DOCUMENTS TO THE COURT TO VERIFY YOUR APPLICATION HAS BEEN APPROVED.
- D. IF YOUR APPLICATION HAS BEEN APPROVED, YOU WILL BE TOLD WHEN TO PICK UP YOUR LIMITED DRIVING PRIVILEGES FROM THE PROBATION DEPARTMENT ON THE 3RD FLOOR OF THE CITY BUILDING.

5. LIMITED DRIVING PRIVILEGE REQUIREMENTS

- A. YOU MUST FILE YOUR LIMITED DRIVING PRIVILEGE LETTER, SR-22 BOND, AND PAY THE REQUIRED REINSTATEMENT FEE AT THE BUREAU OF MOTOR VEHICLES DEPUTY REGISTRAR OFFICE AT, 3232 ROOSEVELT BLVD MIDDLETOWN, OH (\$10.00 FEE)

IF THE LIMITED DRIVING PRIVILEGE LETTER IS NOT FILED WITH THE BMV YOUR DRIVING PRIVILEGES WILL NOT BE VALID.

**IN THE MIDDLETOWN MUNICIPAL COURT
Middletown, OH 45042**

(Name)

(SSN/DOB)

(Street Address)

(City)

(Phone)

**Petition For Limited Driving
Privileges**

Case Number: _____

The Petitioner respectfully states as follows:

1. My Ohio Driver's License was suspended in Middletown Municipal Court.
2. This suspension seriously affects my ability to continue working.
3. I have an unexpired Ohio driver's license with no other suspensions.
4. All monies owed this Court are paid in full.
5. I will pay all appropriate reinstatement fees to the Bureau of Motor Vehicles.
6. I am in compliance with all other requirements of the Bureau of Motor Vehicles.
7. I have now and will continue to maintain required insurance.
8. I attest the above statements are true and correct to the best of my knowledge.

WHEREFORE the Petitioner requests this Court to be granted Limited Driving Privileges for the reasons stated above.

(Signature)

(Date)

James E. Sherron
Judge

Steven P. Longworth
Clerk of Court

MIDDLETOWN MUNICIPAL COURT

One Donham Plaza
Middletown, OH 45042

APPLICATION FOR LIMITED DRIVING PRIVILEGES

Name (Defendant): _____ SS# _____
Street Address: _____ Case# _____
City: _____ Zip Code: _____

School **Employment Verification** - If approved, you may leave your residence and proceed on a direct path to your school or place of employment. If work requires, you may drive throughout your normal work shift, either your own motor vehicle or a company owned or leased motor vehicle. At the end of school or your work shift, you should then drive directly back to your place of residence.

Name of Business or School: _____
Driving to-Address: _____

Days of the Week (list): _____
Hours (from – to): _____
(Full time employment only)

_____ Name of Supervisor _____ Supervisor Phone #

Treatment Verification - If approved, you may leave your residence and proceed on a direct path to your counseling sessions, meetings or other court-ordered program. Upon completion of the meetings, you should then drive directly back to your place of residence.

Name of Agency: _____
Address of Treatment Site: _____

Days of the Week (list): _____
Hours (from – to): _____

_____ Name of Counselor _____ Counselor Phone #

General Family Privileges: Grocery & Errands - Please choose one:
_____ Saturday 9:00am – 12:00noon or _____ Sunday 12:00noon – 3:00pm

OTHER: (May or may not be approved/please include address)

Unless approved by the Court, you may not use your "Limited Driving Privileges" under any other circumstances unless a sudden medical emergency would exist for yourself, your spouse, your children or your parents and they need urgent and immediate emergency medical intervention. Then and only then can you drive directly from your home to a police station, fire station, emergency medical station or other medical treatment facility.

The driving privileges granted by this order are conditional upon the defendant's complying with the following:

- 1) Maintaining the above employment
- 2) Continue financial responsibility insurance coverage
- 3) No traffic violations for any offense other than a minor misdemeanor
- 4) No alcohol/drug convictions while operating a motor vehicle

Note: If you are stopped by a law enforcement officer and it is requested that you submit to a blood, urine or breath test and you do not consent, this order shall be void. (If you drive with "Restricted Plates" you may be stopped without probable cause to be checked for alcohol or drugs of abuse.)

I have read this and understand it completely or it has been explained to me to my satisfaction.

Defendant's Signature _____ Date: _____

Court Use Only

1) Court fees/costs paid Yes No Limited Driving Privileges
2) Proof of Insurance Yes No also include to and from:
3) Ohio License Yes No
4) Expired License Yes No
5) Other suspensions Yes No

Other: _____