IN THE JACKSON COUNTY, OHIO MUNICIPAL COURT

IN RE Operator's License of: CASE NO. _____

_____
Driver's Name

_____   _____
Residential Addressee   Mailing Address

_____   _____
Operator's License Number   Telephone Number

_____   _____
Social Security Number   Cell Number

_____
Date of Birth

APPLICATION FOR LIMITED DRIVING PRIVILEGE

_____**1.** I seek Limited Driving Privileges pursuant to ORC Secs. 4510.021, 4510.31. **A letter from the Ohio Bureau of Motor Vehicles is attached to this application explaining license status.**

_____**2.** I attach a **Dated** Proof of Insurance revealing the date the policy is actually paid until _____, signed by my insurance agent, underwriter, or insurance provider, subject to verification.

_____**3.** I am employed by _____, attach proof of employment and schedule, and my days/hours of employment are described as:
_____
_____.

_____**4.** I must leave my residence no later than _____ ____. **m**. to arrive at my work on time.

_____**5.** I usually will return to my residence after work no later than _____ ____. **m**.

_____**6.** I must attend medical and or counseling visits for myself and or other persons in my family.

_____**7.** I must attend court proceedings, community control activities, and or meet counsel

_____**8.** I am a student at _____ with driving needs. I attach a proof of enrollment and class activity schedule. My driving needs are as follows:
_____

_____ 9. I allege Family Necessity described at the attached page.
_____10. I submit proof of ownership by way of title and or registration.

_____**11. I am requesting extension of a previously granted privilege. I submit updated Proofs with this application.**

I am filing this application in order to prevent undue financial or other hardship to myself and or my family, and or prevent the loss of my employment.

X_____

Applicant

Form 1A

IN THE JACKSON COUNTY, OHIO MUNICIPAL COURT

IN RE Operator's License of: CASE NO. _____

_____
Driver's Name

_____   **COURT ORDER GRANTING**
Operator's License Number   **LIMITED DRIVING PRIVILEGE**

     This matter came before the court upon the Application for Limited Driving Privileges with required attached proofs seeking limited driving privileges for Occupational, educational, vocational, or medical purposes; the driver's or commercial driver's license examination; attending court-ordered treatment, driving to and from court, community control (work) activities, Court proceedings, and or Family necessity.

The court finds that the appropriate proofs are submitted with the Application and that the Limited Driving Privileges shall be granted through the date as presented that the insurance is paid until_____.

_____ Defendant is granted the Limited Driving Privilege therefore upon the following times and days of week as follows:

Mon _____ from _____ _____.m. until _____ _____.m.
Tue   _____ from_____ _____.m. until _____ _____.m.
Wed _____ from_____ _____.m. until _____ _____.m.
Thu   _____ from_____ _____.m. until _____ _____.m.
Fri   _____ from_____ _____.m. until _____ _____.m.
Sat   _____ from_____ _____.m. until _____ _____.m.
Sun _____ from_____ _____.m. until _____ _____.m.

The Applicant-Driver must carry the court's authorization to drive upon his or her person at all times when operating a motor vehicle pursuant to this order. Any ingestion of alcohol, illicit drugs, harmful inhalant, or abuse of prescription medication will void this authority to drive.

_____   _____
Date   Judge

Form 1B