

HURON MUNICIPAL COURT
417 MAIN STREET
HURON, OH 44839

INSTRUCTIONS FOR REQUESTING
OCCUPATIONAL DRIVING PRIVILEGES
UNDER A 12-POINT SUSPENSION

1. If your driver's license has been suspended by the Bureau of Motor Vehicles for accumulating twelve (12) points on your driving record within a two-year period, a Municipal Court, in the jurisdiction where you reside, may grant you occupational driving privileges during the period of the suspension.
2. In order to request the privileges, a petition must be filed with the civil division, accompanied by a \$120.00 filing fee. The matter then will be set for hearing with the Prosecutor.
3. Before the Court will consider granting any privileges, it must be satisfied that:
 - a. Your driver's license has no other "open" suspensions through the Bureau of Motor Vehicles (BMV).
 - b. You have filed proof of financial responsibility in compliance with Ohio Revised Code 4509.44.
 - c. You have satisfied all financial obligations to the Huron Municipal Court (fines and costs).

HURON MUNICIPAL COURT
417 MAIN STREET
HURON, OH 44839

STATE OF OHIO,
Erie County SS:

Name

Street Address

City State Zip Code

Petitioner

-vs-

Bureau of Motor Vehicles
Attn: MVODIP
P.O. Box 16520
Columbus, OH 43266-0020

Defendant

* Case No. ____-CVH-____
* PETITION RE: 12-POINT
* SUSPENSION OF
* DRIVER'S LICENSE
* BMV File No. _____
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* * * * *

1. Petitioner says he/she is a resident of Huron, Ohio, and lives within the jurisdiction of the above-named court.
2. Petitioner further says that he/she has received a notice of suspension from the Respondent under their case no. _____, suspending his/her Ohio Operator's License no. _____ effective _____ for the alleged reason that he/she has had twelve (12) points or more charged against him/her in a period of two (2) years for traffic violations.
3. Petitioner can show cause why his/her driving privileges should not be suspended, and he/she agrees to pay the costs of this proceeding and, therefore, he/she asks for a hearing on this petition.

WHEREFORE, Petitioner prays that his/her operating privileges not be suspended, and that he/she be permitted to have a hearing in this matter.

Date: _____

Petitioner

HURON MUNICIPAL COURT
417 MAIN STREET
HURON, OH 44839
419-433-5430

Petitioner: _____ * CASE NO. _____

Address: _____ *

_____ * **PETITION FOR LIMITED DRIVING PRIVILEGES**
Phone: _____ * **PURSUANT TO:**

- _____ R.C. 2925 (Drug Offense)
- _____ R.C. 4507.16(B) (Post Conviction Driving Susp)
- _____ R.C. 4511.191 (Administrative License Susp)
- _____ R.C. 4511.196 (Judicial Suspension)
- _____ R.C. 4509.101 (Non-Compliance)
- _____ R.C. 4510.037 (12 Point Petition)
- _____ R.C. 4510.10(B) (Reinstatement Fee Pay Plan)

****YOU MUST PROVIDE PROOF OF PAYMENT OF INSURANCE BEFORE RECEIVING DRIVING LETTER**** (Something that shows how far your insurance policy is paid. Ex: cancelled check w/last bill, or letter from agent stating how far policy is paid.)

The petitioner does hereby petition the court to grant him/her the following driving privileges during the period of the driving suspension imposed by the court or BMV (Check all that apply):

- _____ To and from place of employment.
- _____ During course of employment.
- _____ To and from place of schooling.
- _____ To and from place of treatment.

The petitioner makes the following representations to the court: (Check applicable hours and fill in all applicable blanks).

(1) _____ He/she is presently employed as _____ by _____
Job Title

_____ Name of Employer
located at _____

_____ He/she is self-employed under the trading name of _____
located at _____

(a) Days he/she works: _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun

(b) Hours of Employment: Start time _____ am/pm
End time _____ am/pm

If hours vary, please explain: _____.

****LETTER FROM EMPLOYER IS REQUIRED STATING DAYS AND HOURS WORKED****

(2) _____ He/she presently has a second job employed as _____ by
Job Title

_____ Name of Employer

located at _____.

(a) Days he/she works: ___ Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat ___ Sun

(b) Hours of Employment: Start time _____ am/pm

End time _____ am/pm

If hours vary, please explain: _____.

(3) _____ He/she presently enrolled as a student at _____
Name of School

located at _____.

(a) Days he/she attends classes: ___ Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat ___ Sun

(b) Hours of classes: Class(es) start time _____ am/pm

Class(es) end time _____ am/pm

****SCHOOL SCHEDULE WILL BE REQUIRED AS PROOF OF ENROLLMENT****

(4) _____ He/she is presently receiving court ordered treatment from: _____

located at _____.

(5) _____ He/she is presently attending AA meetings at _____.

(6) _____ He/she requests to/from medical appointments for self and household family members with proof of appointment shown to officer.

(7) _____ He/she requests driving privileges for personal needs (groceries, banking, gas, etc). This is to be a 2-hour time period one day a week.

Day requested _____ Time requested _____

(8) _____ Other driving privileges requested: _____

(9) Upon Driving Privileges being granted, please do the following with my updated driving letter:

Mail Letter Pick Up Letter Fax Letter to: _____

E-mail letter to: _____

The petitioner further represents to the court:

- (1) That if the court does not grant limited driving privileges, the license suspension would seriously affect his/her ability to continue the above employment, schooling, and/or treatment.
- (2) That insurance is in effect and will be kept in effect as per R.C. 4509.101.

NOTICE: GIVING FALSE INFORMATION ON THIS PETITION MAY RESULT IN PENALTIES OF IMPRISONMENT AND/OR FINE.

DATE _____

Petitioner's Signature

****The remainder of this form will be completed by the Court****

Denied

Reapply on _____

Approved as Requested

Date Privileges to Start: _____

Approved with Following Changes:

20/20 Interlock Required

Restricted Plates Required

Following changes to Request:

DATE APPROVED

JUDGE WILLIAM STEUK

Other conditions and requirements:

1. Defendant must carry upon his/her person a copy of this entry while operating a motor vehicle during the suspension period.
2. Defendant must be in full compliance with all appropriate Ohio driver license and financial responsibility laws.
3. This letter will automatically be null and void if you are charged with driving under the influence of alcohol and/or drugs.
4. Any operation of a vehicle outside of these limits will constitute an additional suspension of your operators license and this letter shall be revoked.
5. Any restrictions or suspensions from any other court or the Ohio Bureau of Motor Vehicles, this letter shall be null and void.
6. The defendant read and signed this entry signifying by such signature that defendant understands the conditions of limited driving and agrees to abide by them.

Signature of Defendant: _____



William Steuk .
Judge

May 8, 2024

cc: Court
BMV
Defendant

Filing a 12-Point Petition

1. The cost to file is \$120.00. Payment must be by cash, check, or money order, made payable to Huron Municipal Court.
2. To file: complete and mail the 12-Point Petition form (attached herein) with the required costs for filing. The 12-Point Petition must be signed by you, the Petitioner.
3. A Court hearing will be scheduled with you and the Prosecutor after the Court receives the Driver Record Certification back from the Bureau of Motor Vehicles. This hearing will take place on a regular scheduled court day (typically, a Tuesday or a Friday) at 8:30 AM. You will receive notice from the Court of the date and time of the hearing.
4. **Before you come for the hearing, you must file FRA (financial responsibility) Insurance (SR22) with the BMV.**
5. When you come to court for the hearing you must bring with you a letter from your employer stating days and hours that you work, and proof of **payment** of insurance, something that shows how far your policy is paid (ex: cancelled check w/last bill, or letter from agent stating how far policy is paid).
6. Once you are granted driving privileges, you will have to successfully complete a remedial driving course, given by an accredited remedial school (this can be completed before you come to court, also). You will have to pay a reinstatement fee to the BMV. Form BMV 2000 will be mailed to you by the BMV as your notification to retake a complete driver license examination.

If you have any questions, please do not hesitate to call the Court at (419) 433-5430.

You may mail all forms and attached papers to: Huron Municipal Court
417 Main Street
Huron, OH 44839