

HURON MUNICIPAL COURT
417 MAIN STREET
HURON, OH 44839
419-433-5430
MuniCourt@HuronOhio.us

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 Letter to be Picked Up 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:

- Ignition Interlock Required
- 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

cc: Court
BMV
Defendant