IN THE DELAWARE MUNICIPAL COURT

State of Ohio Case No. _____

v.

_____
Defendant

Motion for Limited Driving Privileges

Instructions: All fields must be completed. **All applicants must include current proof of insurance and court filing fee. Failure to provide insurance or pay the filing fee will result in denial of your application.** If the Court required restricted plates for privileges, then you must submit OBMV Form 4808 for EACH vehicle to obtain plates. Forms are available at www.ohiobmv.com.

Check one: ☐ Please mail the certified entry granting driving privileges to me. ☐ I will pick up the entry granting driving privileges.

Type of Privileges Requested (check all that apply): ☐ Employment ☐ School ☐ Medical

REQUIRED - check one:
☐ The fines and costs in my case are paid in full.
☐ I have a payment plan, am current on my plan, and currently pay $_____ per month towards my costs and fines.

If you are unable to check one of the above boxes, then you must file an application for time to pay with your motion for driving privileges. **No additional fee shall be charged when filing an application for time to pay with your motion for limited driving privileges**.

Driver's License No. _____ Date of Birth _____ Phone No.:_____

Applicant's Current Residence Address (**Must be complete**):

_____
Street City/State/Zip

	1st Employer/School	2nd Employer/School
Employer/School Name		
Street Address		
City, State and Zip code		
Employer/School Phone		

Normal work and school days and hours – EXCLUDING commute time.
If hours are omitted your application may be denied. Excessive hours WILL cause delay/denial and/or lead to added restrictions.

You must specify AM or PM for each time indicated.

	1st Employer/School		2nd Employer/School	
	From	To	From	To
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

☐Check ONLY if you are "on call" during other hours. Explain "on call time" _____

_____.

The undersigned certifies the information herein is true, _____, 20____.

X_____
Defendant's signature (not required if filed by attorney)
Phone Number _____

X_____
Attorney Signature and Registration Number
PRINT name of Atty **X**_____