

**KETTERING MUNICIPAL COURT
TRAFFIC DIVISION**

**PETITION FOR LIMITED
DRIVING PRIVILEGES**

NAME

ADDRESS

CITY, STATE, ZIP CODE

BMV CASE NO. _____
DRIVERS LICENSE NO. _____
DATE OF BIRTH: _____
SSN: XXX-XX _____ (LAST FOUR)

Petitioner hereby requests limited driving privileges pursuant to ORC 4510.021. The Petitioner states that he/she is applying for privileges for the following reason:

- Administrative license suspension (ALS) for pending/current OVI

The Petitioner is seeking driving privileges for the following purposes: (check all that apply)

- Employment/occupational
 Educational/vocational
 Medical
 Court ordered alcohol/drug treatment
 Probation/court appearances
 Child visitation, school, medical, activities
 Other: _____

The Petitioner certifies that he/she now has and will continue to maintain a current insurance policy (or SR-22/bond if required), and certifies that his/her license is not expired (COPY OF PROOF OF INSURANCE MUST BE ATTACHED TO THIS PETITION). The Petitioner further understands that there is a \$25 processing fee upon approval of this petition.

Signature of Petitioner/Attorney: _____

Phone: _____ Date: _____

KETTERING MUNICIPAL COURT

Case #: _____

LIMITED DRIVING PRIVILEGES – LOCATIONS/HOURS REQUEST

The judge may grant UP TO **A MAXIMUM** of 12 hours a day/5 days or 10 hours a day/6 days per week of driving privileges **IF REQUIRED** for work, school, family needs or medical treatment/counseling – if determined to be reasonable by the judge.

Full Name: _____ Date of Birth: _____

Current Address: _____ City/State/Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

WORK INFORMATION

Employer Name: _____ **Employer Phone:** (____) _____

Employer Address/City/State: _____

Days/Hours of Work: _____

Supervisor Name and Phone: _____

Travel Time To Work: _____ **Are you required to drive during your work hours? Yes ___ No ___**

(NOTE: Permits are not valid for Commercial Vehicles)

Employer Name 2: _____ **Employer Phone:** (____) _____

Employer Address/City/State: _____

Days/Hours of Work: _____

Supervisor Name and Phone: _____

Travel Time To Work: _____ **Are you required to drive during your work hours? Yes ___ No ___**

(NOTE: Permits are not valid for Commercial Vehicles)

SCHOOL INFORMATION

School Name: _____ **Travel Time to School:** _____

School Address/City/State: _____

NOTE: You must carry your current class schedule with you when driving If School Privileges granted

OTHER SPECIFIC PRIVILEGES

(Please specify days/times/address/reason/provider name and phone if applicable)

Applicant Signature: _____ **Date:** _____

Please attach a copy of your proof of insurance: You are required to provide proof of liability insurance/financial responsibility for your vehicle and you may be required to have FRA (SR 22 or BOND) insurance. If granted, this permit will be valid for the case(s) listed above. It is not valid for any other suspensions imposed by any other Court or by the Bureau of Motor Vehicles in different cases.

Clerk's Office: Insurance verified _____

Judge's Action-Follow-up:

___ Set for Hearing ___ Privileges Approved ___ Not eligible for Privileges until the following issues are resolved with the BMV:

Judge's Signature

Date