

(NOTE: THIS FORM MAY ONLY BE USED IF YOUR LICENSE HAS BEEN
SUSPENDED UNDER R.C. 4509.101 (an insurance suspension) OR IF YOU ARE
UNDER A 12 POINT SUSPENSION)

Avon Lake Municipal Court
Avon Lake, Ohio

Case No. _____ Name: _____
BMV Case No. _____ Address: _____

Judge: Darrel Bilancini SSN: _____
DOB: _____
PETITION FOR DRIVING PRIVILEGES License #: _____

The undersigned has received a suspension of his/her driving privileges by the Ohio Bureau of Motor Vehicles. The type of suspension and period of the suspension is:

- A Twelve Point Suspension from _____ to _____
- A suspension pursuant to RC 4509.101 for failure to maintain insurance from _____ to _____
- Other (describe) _____
_____ from _____ to _____

Driving Privileges are requested for the following (check boxes that apply and complete the attached worksheet):

- Occupational School Medical Appts Other _____

The undersigned acknowledges that privileges cannot be granted if there are any other restrictions or suspensions against my driving privileges and that I must provide proof of financial responsibility in accordance with the law before privileges are granted.

Date: _____

(Petitioner)

WORKSHEET FOR A PERSON PETITIONING FOR DRIVING PRIVILEGES
WHERE A LICENSE HAS BEEN SUSPENDED UNDER EITHER RC 4509.101
(INSURANCE SUSPENSION) OR A 12 POINT SUSPENSION

Please complete the following information regarding your request for driving privileges:

Occupational

If you are requesting occupational privileges, please provide the name, address and telephone number of each employer and the days and hours you work.

School

Please provide the name, address and telephone number of each school and the days and hours of classes.

Medical

Please provide the name, address and telephone number of each doctor or other medical medical provider and the hours of appts.

Other:

If you are requesting other privileges please provide the details of your request.
