

PAULDING COUNTY MUNICIPAL COURT
201 E. CAROLINE ST. STE #2
PAULDING, OHIO 45879

*****YOU MUST HAVE ALL FINES AND COURT COSTS PAID IN FULL PRIOR TO PRIVILEGES BEING ISSUED, UNLESS YOUR COURT CASE IS STILL PENDING*******

IF YOU WANT TO REQUEST DRIVING PRIVILEGES WHILE UNDER A COURT IMPOSED SUSPENSION OR BMV IMPOSED SUSPENSION, THE FOLLOWING PROCEDURE MUST BE FOLLOWED.

1. You must complete the attached petition for work related driving privileges. Any information needed for privileges must be provided to the Court, this includes special conditions. *
2. You must provide a letter from your employer to verify employment.
3. You must provide proof of insurance.
4. If you are required to have restrictive plates, you must complete the required form and return it to the Court for the Judge's approval. Then provide copy of registration of restrictive plates to the Court.
5. If you are required to have ignition interlock, you must provide proof of installation to the Court.

***SPECIAL CONDITIONS: (MAY INCLUDE ANY OF THE FOLLOWING)**

1. Attending College/School - provide proof of registration or class schedule
2. Doctor/Hospital appointments - will need to carry proof of appointment
3. Counseling sessions/AA meetings - will need to carry proof of meeting
4. Attending Court/Probation appointments - proof of appointment needed

NOTICE

\$ 25.00 FEE

1. **THE FEE FOR THE FIRST DRIVING PRIVILEGES PETITION IS \$ 25.00. ANY REQUESTED CHANGES OR ADDITIONS REQUIRING THAT NEW PRIVILEGES BE ISSUED ARE SUBJECT TO A \$ 5.00 SERVICE FEE.**

72-HOUR WAIT

2. **DRIVING PRIVILEGES WILL NOT BE READY UNTIL 72 HOURS AFTER ALL NECESSARY INFORMATION IS PROVIDED TO THE COURT.**

FORMS MUST BE COMPLETE

3. **THE PETITION WILL BE REVIEWED BY THE JUDGE. FAILURE TO COMPLETE ANY INFORMATION MAY DELAY YOUR PRIVILEGES.**

PAULDING COUNTY MUNICIPAL COURT
PETITION FOR WORK RELATED DRIVING PRIVILEGES
PLEASE WRITE OR PRINT LEGIBLY

NAME: _____ CASE NO. _____

EMPLOYER: _____

ADDRESS: _____

PHONE: _____ SUPERVISOR: _____

SHIFT: FIRST__ SECOND__ THIRD__ SWING: _____

LEAVE FOR WORK: _____ RETURN FROM WORK: _____

DAYS WORKED: _____ THRU _____ POSSIBLE OVERTIME Y__ N__

ROUTES/ROADS TAKEN TO EMPLOYMENT: _____

DO YOUR WORK DUTIES REQUIRE DRIVING DURING YOUR WORK HOURS? NO__

YES__ IF YES--WHERE: _____

THERE ARE NO OTHER LICENSED DRIVERS AVAILABLE TO PROVIDE TRASPORTATION
TO/FROM WORK TO ME. YES__ NO__

SPECIAL CONDITIONS: DOCTOR/HOSPITAL APPTS:

NAME OF DOCTOR/HOSPITAL: _____

ADDRESS: _____ CITY: _____

COUNSELING/AA MTGS: LOCATION: _____

COLLEGE/SCHOOL: _____

ADDRESS: _____

COURT/PROBATION APPTS: LOCATION: _____

ARE YOU UNDER ANY OTHER SUSPENSIONS? YES__ NO__

DEFENDANT'S SIGNATURE: _____ DATE: _____

DO NOT WRITE IN SPACE BELOW: -----

____ GRANTED AS STATE ABOVE _____ GRANTED AS MODIFIED

____ DENIED _____ OTHER: _____

JUDGE, SUZANNE SHUMAN RISTER

PROOF OF INSURANCE
FOR COURT ISSUED DRIVING PRIVILEGES

DRIVER'S NAME _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____ DOB _____

OWNER'S NAME _____

ADDRESS _____

NAME OF INSURANCE COMPANY _____

ADDRESS _____

NAME OF WHICH POLICY WAS ISSUED _____

INSURANCE POLICY NUMBER _____

EFFECTIVE DATES FROM _____ TO _____

** (MUST HAVE CURRENT POLICY PERIOD FOR DRIVING PRIVILEGES) **

VEHICLE SERIAL NUMBER _____

LICENSE PLATE NUMBER _____ STATE _____

MAKE _____ YEAR _____