



FRANKLIN COUNTY MUNICIPAL COURT

Clerk - Lori M. Tyack
www.fmcclerk.com

LIMITED DRIVING PRIVILEGES INFORMATION SHEET

***ALL LIMITED DRIVING PRIVILEGE PACKETS MUST BE FILED DURING REGULAR BUSINESS HOURS
(8:00 AM - 3:30 PM) MONDAY - FRIDAY.***

Cost of Filing for Limited Driving Privileges: \$111.00 (CASH OR CHARGE ONLY)

If you file a petition for limited driving privileges during the period of a **Financial Responsibility Non-Compliance Suspension imposed pursuant to R.C. 4509.101(A)**, you must be prepared to show proof at the time of the filing or at the hearing that:

1. You are not subject to suspension or revocation under any other law, except if you are subject to a court ordered suspension that arose out of a conviction by this court you may file the petition and ask the judge or magistrate to consider limited driving privileges for the period of that suspension.
2. You have satisfied conditions required for reinstatement of your driving privileges.
3. You have paid the reinstatement fee imposed as a result of the financial responsibility non-compliance suspension, **or** you have been granted by a court an extension of time within which you must pay reinstatement fees and limited driving privileges during the period of the extension as authorized by R.C. 4510.10 **or** you are filing a motion for an extension of time to pay outstanding reinstatement fees as authorized by R.C. 4510.10 with the petition, **or** you have a motion for an extension of time to pay outstanding reinstatement fees pending before this court in another proceeding.

If you are not sure you meet all the requirements or if you have any questions about your eligibility for Limited Driving Privileges, you should consult an attorney before filing a petition.

IT IS YOUR RESPONSIBILITY TO PRESENT YOUR INSURANCE AND SR22 IF REQUIRED TO THE BMV. BE ADVISED THAT THE COURT WILL NOT GRANT YOUR REQUEST UNLESS YOU HAVE MET ALL THE STATUTORY REQUIREMENTS. THE FILING FEE OF \$111.00 WILL NOT BE REFUNDED.

**IN THE FRANKLIN COUNTY MUNICIPAL COURT
COLUMBUS, OHIO**

Case No. _____

_____ BMV Case No. _____

(Petitioner),

VS.

DL No. _____

Registrar, Ohio Bureau of Motor Vehicles,
(Respondent).

D.O.B. _____

PETITION

Signature of Petitioner

Name

Address

City **State** **Zip Code**
(_____)

Telephone Number

WORKSHEET FOR LIMITED DRIVING PRIVILEGES

Name				
Address				
City		State		Zip Code
Driver License Number	Date of Birth / /		Phone Number	

Company Name	Company Telephone Number ()	
Company Address		
City	State	Zip Code

1. I work the following schedule:

<u>DAYS OF THE WEEK</u>	<u>STARTING TIME</u> (a.m./p.m.)	<u>QUITTING TIME</u> (a.m./p.m.)
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

I NEED PRIVILEGES FOR OTHER REASONS: _____

Signed: X _____

Date: _____