

### **Information Regarding Limited Driving Privileges:**

You may petition the Juvenile Court for Limited Driving Privileges if your license has been suspended in Court or placed under Juvenile Restriction by the BMV. **Driving privileges are discretionary and may be granted only if the Court finds that the suspension or restriction will prevent you from continuing in employment or education, or will cause undue hardship on you or your family.**

To request Limited Driving Privileges, please complete the enclosed ***Petition For Limited Driving Privileges*** and ***Scheduled Activities*** forms (see instructions below) and bring with you to your traffic hearing. A decision may be made by the Judge during your traffic hearing to grant or deny driving privileges. If privileges are granted, please allow a minimum of two (2) and a maximum of five (5) business days for a Driving Privilege Letter to be prepared for you. **If you will need driving privileges immediately upon suspension, these forms must be filed with the court at least five (5) business days prior to your hearing.**

**There is a \$50.00 Court fee when driving privileges are issued; and a \$10.00 fee for each update or modification to your privileges.**

### **Instructions for completing Driving Privilege Request Form:**

- 1) Complete the *Petition For Limited Driving Privileges* form to the best of your ability. If you are filling it out prior to your traffic hearing, leave the "date of suspension or restriction" fields blank.
- 2) It is essential that you and your parent(s) or guardian read the back side of the petition. If you understand and are in agreement with the terms of limited driving privileges, sign and date where indicated at the bottom.
- 3) Complete the *Scheduled Activities* Form:
  - a. If your weekly schedule is always the same (ie: to school and back home every day), you only need to complete the front side.
  - b. If your schedule is subject to change weekly (ie: after school job), fill out both sides of the form. You may submit up to four weekly schedules at a time (2 sheets front & back). If you will be submitting a request for more than one week, you **MUST** add specific dates to the first column.
- 4) Have your parent or guardian sign at the bottom left.
- 5) Attach a current copy of your insurance card or declaration page (must bear your name, the vehicle you will be driving, and the coverage dates).

Please feel free to contact the Juvenile Court at (740) 622-8969 if you have any questions or need additional forms.

**In the Court of Common Pleas  
Juvenile Division  
Coshocton County, Ohio**

**PETITION FOR LIMITED DRIVING PRIVILEGES**

**Please note that effective January 1, 2014, there is a \$50.00 fee if privileges are granted, plus an additional \$10 fee each time privileges need updated (which must be paid prior to privileges being issued.)**

NAME: \_\_\_\_\_ CASE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

NAME OF PARENT OR GUARDIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DATE OF SUSPENSION OR RESTRICTION: FROM \_\_\_\_\_ TO \_\_\_\_\_

OHIO DRIVER'S LICENSE INFORMATION:

LICENSE NUMBER: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_ DATE EXPIRED: \_\_\_\_\_

**Check one or more of the following: I am requesting driving privileges for:**

Employment     School     School Activity     Other: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Name and Address of Employer: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

**SCHOOL/EDUCATION INFORMATION:**

Name and Address of School: \_\_\_\_\_ Grade \_\_\_\_\_

**OTHER INFORMATION:** If you are requesting privileges for any other reason, you must list the times and places you are requesting. Also, use this space to provide any other information you wish the Court to consider in deciding your request. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**PLEASE COMPLETE BY LEGIBLY LISTING YOUR REGULARLY SCHEDULED ACTIVITIES.**

You may submit up to four (4) weekly schedules at a time. All updates are subject to \$10.00 fee.

<b>Day of Week (or Dates)</b>	<b>Travel Times</b>	<b>From</b>	<b>To</b>
Example: Monday (Or mm/dd/yy)	7:00 a.m. – 7:15 a.m. 2:30 p.m. – 2:45 p.m. 5:00 p.m. - 5:15 p.m.	Home XYZ School Work	XYZ School Work Home
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Juvenile's Name: _____
Case #: _____ ODL #: _____
Signature of parent/guardian: _____

Page \_\_\_\_ of \_\_\_\_

I, _____, Deputy Clerk of Coshocton County Juvenile Court, hereby certify that the above and foregoing is a true copy of the original now on file at the Court. Witness my hand and seal of said court this ____ Day of _____, 20____.
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**PLEASE COMPLETE BY LEGIBLY LISTING YOUR REGULARLY SCHEDULED ACTIVITIES.**

You may submit up to four (4) weekly schedules at a time. All updates are subject to \$10.00 fee.

<b>Day of Week (or Dates)</b>	<b>Travel Times</b>	<b>From</b>	<b>To</b>
Example: Monday (Or mm/dd/yy)	7:00 a.m. – 7:15 a.m. 2:30 p.m. – 2:45 p.m. 5:00 p.m. - 5:15 p.m.	Home XYZ School Work	XYZ School Work Home
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			