

COSHOCTON COUNTY JUVENILE COURT

[www/coshocounty.net/juvenile](http://www.coshocounty.net/juvenile)

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 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. Additional forms can be obtained on our website: [www/coshocounty.net/juvenile](http://www.coshocounty.net/juvenile)

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

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/GUARDIAN: _____ PHONE NO: _____

DATE OF SUSPENSION OR RESTRICTION: FROM _____ TO _____

OHIO DRIVER'S LICENSE INFORMATION:

LICENSE NO: _____ 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 No: _____

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. _____

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

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that Limited Driving Privileges are discretionary and will not automatically be granted, and I may not receive any or all of the privileges that have been requested in this petition.

I understand that if I am granted Limited Driving Privileges, I must report any changes in residence, employment, school attendance or activity to the Court immediately to have a revised Limited Permit issued.

I understand that I am granted Limited Driving Privileges, and they need modified for any reason, I must provide the changes in my schedule to the Court in writing and pay a \$10.00 fee before the changes will be considered.

I further understand that if I am granted Limited Driving Privileges and I violate the privileges granted, that the violation may result in a citation for Driving Under Suspension and/or the loss of current Limited Driving Privileges as well as any possible future Limited Driving Privileges.

I have attached a copy of my current insurance card or the declaration page which bears my name, the vehicle I am driving, and the current policy dates.

I hereby certify that the above information is true to the best of my knowledge and belief.

By affixing my signature to this petition, I declare that there is no alternative transportation available to me, of any kind, in order to participate in these necessary activities.

Juvenile

Date

As the parent/guardian of _____, I hereby certify that I have reviewed the information provided in this document and that the information is true to the best of my knowledge.

I also certify that there is no alternative transportation available, of any kind, in order for the juvenile to participate in these necessary activities.

Parent/Guardian

Date

Parent/Guardian

Date

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.

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

Juvenile's Name: _____
 Case #: _____ ODL #: _____
 Parent/Guardian Signature: _____

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____.

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