

**IN THE EAST LIVERPOOL MUNICIPAL COURT
COLUMBIANA COUNTY**

Defendant's Name	(CASE NO: _____
)	
Street Address	(PETITION FOR LIMITED
)	DRIVING PRIVILEGES
City, State, Zip	(CIVIL CASE
)	[NOT 12 POINT SUSPENSIONS]
Plaintiff	(
VS.)	JUDGE MELISSA BYERS-EMMERLING
Carolyn Y. Williams, Registrar	(
Ohio Bureau of Motor Vehicles)	
P. O. Box 16583	(
Columbus, OH 43216-6583)	
Defendant	(

1. **YOU MUST NOT BE UNDER SUSPENSION FOR ANY OTHER REASON OR BY ANY OTHER COURT INCLUDING A COMMERCIAL DRIVER'S LICENSE SUSPENSION.**
2. **YOU MUST PROVIDE PROOF OF LIABILITY INSURANCE WITH THIS PETITION.**
3. **YOU MUST HAVE A DRIVER'S LICENSE THAT IS NOT EXPIRED.**
4. **PAY THE CIVIL COURT COSTS-\$99.00. IF IGNITION INTERLOCK IS REQUIRED THERE WILL BE AN ADDITIONAL \$5.00 COURT COST.**
5. **ATTACH BMV FORM 1145 "ABSTRACT DRIVING RECORD" (WEBSITE-www.bmv.ohio.gov) DATED WITHIN TWO (2) DAYS OF FILING.**
6. **ATTACH ON LETTERHEAD PROOF OF EMPLOYMENT. COURT ORDERED TREATMENT, MEDICAL APPOINTMENT, OR SCHOOL WITH ADDRESS AND PHONE NUMBER AND SIGNED BY SCHEDULER.**
7. **NO PRIVILEGES WILL BE GRANTED TO DRIVE A COMMERCIAL VEHICLE.**

The undersigned defendant does hereby petition the court to grant him/her the following driving privileges: (*Check applicable space or spaces*)

- _____ To and from place of employment (schedule of day and time on letterhead signed by scheduler)
- _____ During course of employment
- _____ To and from place of schooling
- _____ To and from place of court ordered treatment
- _____ To and from probation appointments
- _____ To and from deputy registrar to obtain a valid license
- _____ To and from medical appointments

_____ ***BMV SUSPENSION***

During the period of the driving suspension imposed by the BMV pursuant to:

- _____ R.C. 4509.101 (Non-Compliance-FRA)
- _____ -1st FRA -pay \$150 reinstatement fee to the BMV, using BMV Form 1152 (Court has form) and file SR-22 bond with BMV, which has to be maintained for 3 years.
No need for Driving Privileges, once all requirements are entered into BMV system.
- _____ -2nd FRA in 5 years with 15 days wait-\$300.00 plus SR 22 Bond
- _____ -3rd or more within 5 years – 30 day wait-\$600.00 plus SR 22 Bond
- _____ -Proof BMV fee paid in full attached)
- _____ -Proof Probation monitoring for BMV fee (\$50 a monthly minimum BMV payment fee) have proof of first payment made and \$50 each month thereafter until paid in full.
- _____ **WARNING: If \$50 monthly payment missed, driving privileges revoked.**
- _____ -BMV Form #1145 attached-dated within 2 days of filing.
- _____ ***Failure to surrender your license, registration and plates to the BMV will have a \$50.00 non-voluntary fee assessed.**
- _____ ***FRA Suspensions must have an SR 22 Bond.**

_____ ***COURT SUSPENSION***

During a Court suspension for:

- _____ Drug Suspension
- _____ Reckless Operation
- _____ Leaving the Scene of an Accident

The defendant makes the following representations to the court:
(Check applicable spaces and fill in all applicable blanks)

_____ **EMPLOYMENT**

(Schedule from Employer on company letterhead shall be attached)

_____ He/she is presently employed with _____
Name of Employer Hire date

Employer Address

Name of Supervisor

Phone Number

Days _____ Hours _____ Shifts _____

_____ He/she presently has a second job with _____
Name of Employer Hire date

Employer Address

Name of Supervisor

Phone Number

Days _____ Hours _____ Shifts _____

_____ He/she is self-employed under the Business name of _____
located at _____
Business Address Phone Number

Date business started

Days _____ Hours _____ Shifts _____

_____ He/she needs to drive during course of employment for _____
Name of Employer

Using: _____ Personal Vehicle _____ Company Vehicle

_____ **EDUCATION**

(Copy of school schedule shall be attached)

_____ He/she is presently enrolled as a student at _____
Name of School

located at _____
School Address Phone Number

_____ **COURT ORDERED TREATMENT**

(Copy of appointment schedule or card shall be attached)

_____ He/she is presently receiving treatment from _____
located at _____

Address of Treatment

Ordered by _____ Court
Name of Court

_____ He/she is presently attending AA meetings at _____
Name of Place AA Meetings Take Place

Address of Meetings

PROBATION APPOINTMENTS

(Copy of appointment card(s) shall be attached)

_____ He/she has an appointment(s) with _____
Name of Probation Department(s)
located at _____
Address of Probation Department(s)
with Probation Officer _____
Name of Probation Officer Phone Number

DEPUTY REGISTRAR

(Copy of appointment shall be attached)

_____ He/she has appointment with the deputy registrar's office to obtain a valid license. Located at _____
Address of Office

The undersigned further represents to the court:

- (1) That if the court does not grant limited driving privileges, the license suspension would seriously affect his/her ability to continue the above employment, education, court ordered treatment, medical treatment, probation appointments and/or the ability to obtain a valid license.
- (2) That insurance is in effect and will be kept in effect as per R. C. 4509.101 and carried while operating a Motor Vehicle.
- (3) Has a valid license except for current suspension.
- (4) No pending suspension not on attached 2006 BMV form.

****NOTICE: GIVING FALSE INFORMATION ON THIS PETITION MAY RESULT IN PERSONAL PENALTIES OF IMPRISONMENT AND/OR FINE.****

Date: _____
Defendant's Signature

.....
(THE REMAINDER OF THIS FORM WILL BE COMPLETED BY THE COURT)

- _____ Proof of insurance was shown. (copy attached).
- _____ Proof of License was shown. (copy attached).
- _____ BMV Form #1145 (attached).
- _____ Denied. _____ Re-apply on _____
- _____ Defendant may drive to and from work.
- _____ Defendant may drive during employment.
- _____ Defendant may drive to and from Court ordered treatment programs & AA.
- _____ Defendant may drive to and from school.
- _____ Defendant may drive to Probation appointments.
- _____ Defendant may drive to the Deputy Registrar's Office to obtain a valid license.
- _____ Defendant may drive to medical treatment.
- _____ IGNITION INTERLOCK REQUIRED, EXCEPT A WORK VEHICLE DURING WORK HOURS.
- _____ RESTRICTED PLATES REQUIRED ON ANY VEHICLE DRIVEN, EXCEPT A WORK VEHICLE DURING WORK HOURS.

Date: _____
Judge Melissa Byers-Emmerling

**EAST LIVERPOOL MUNICIPAL COURT
126 WEST SIXTH STREET
EAST LIVERPOOL, OHIO 43920
COLUMBIANA COUNTY**

JUDGE MELISSA BYERS-EMMERLING

GENERAL CONDITIONS FOR LIMITED DRIVING PRIVILEGES

A. You have been granted authority to operate a vehicle as the result of either a suspension imposed by this Court or the Bureau of Motor Vehicles. These are the rules:

THERE ARE NO PRIVILEGES FOR COMMERCIAL VEHICLES

1. Your privileges will continue unless revoked by the Court or you violate the Court's terms and cause your privileges to be void.
2. During the term of your privileges, you may not have any other pending suspensions, either from another Court or the Ohio Bureau of Motor Vehicles. **It is your responsibility to insure that you are free of other suspensions including a commercial driver's license suspension.** Your Ohio license must otherwise be valid and non-expired.
3. You must carry the "privileges" form with you at all times you are operating a vehicle.
4. If you use an employer's vehicle during the limited driving privilege's working hours and you are not the owner of the vehicle the employer must acknowledge to this Court in writing that the employer is aware of your suspension and permit you to operate their vehicle.
5. You must maintain "proof of insurance" any time you operate a motor vehicle and carry it when operating a Motor Vehicle.
6. At the end of your suspension, you may not continue to drive unless you comply with BMV requirements including payment of reinstatement fees. All Limited Driving Privileges are void. You would need to reapply for limited privileges under a reinstatement fee plan.
7. If you are requested to take blood, breath or urine test by a law enforcement officer or probation/parole officer and you refuse, these privileges are void. If you test positive for alcohol during any vehicle use, then your privileges will be void.
8. You must obey all traffic laws and rules.
9. You may not transport a firearm in the passenger compartment of your vehicle. If you have been convicted of a felony, you may not possess a firearm.
10. OVI above .17 and OVI-2ND offense or more within six (6) years must have restricted (yellow) plates and the ignition interlock at the defendant's cost. There will be an additional \$5.00 court cost that will be assessed in addition to the above \$30.00 filing fee.

- B. In order to insure that you understand the terms of your privileges, the following explanations apply:

TO, FROM AND DURING WORK: You may commute to work and return home from work. Your route to work or your work site must be direct. If required by your employer to travel between work sites you may do so, either in your vehicle or your employer's. You may not transport any alcohol products, illegal drugs or drug instruments. To understand and define your exact route to and from your work, a straight line from one authorized point to another will be drawn on an Ohio map. The most direct route must closely follow such a line.

TO AND FROM TREATMENT PROGRAMS OR TO AND FROM THE COURT OR OTHER COURT AUTHORIZED PROBATION REQUIREMENTS: *After filing for and being granted such privilege:* You may drive "directly" to and from all Court authorized treatment programs, which you have logged in your probation file and are agreed upon by you, your probation officer and this Court with a written appointment card with the exact day and hour of your appointment. Such might include SCRAM, Ignition Interlock, AA, NA, 12 Step, Driver Intervention Programs, Remedial Driving School, Employee Assistance Programs, psychological or psychiatric treatment or other counseling locations authorized by the Court.

If you have any question about your driving privileges, about any reason to drive or intended destination, it is important that you ask your probation officer or the deputy clerks any and all questions, **before** making a mistake in interpretation.

I HAVE READ ALL OF THE ABOVE RULES FOR USING AND FOLLOWING MY DRIVING PRIVILEGES OR THEY HAVE BEEN EXPLAINED TO ME TO MY SATISFACTION.

Name

Date