

**IN THE MIAMISBURG MUNICIPAL COURT  
MIAMISBURG, OHIO**

\_\_\_\_\_,  
(Print Name)

Petitioner,

vs.

**CHARLES NORMAN, REGISTRAR  
OHIO BUREAU OF MOTOR VEHICLES**

Respondent.

\* Court Case No: \_\_\_\_\_  
\* BMV Case No: \_\_\_\_\_  
\* Driver License No: \_\_\_\_\_  
\* Date of Birth: \_\_\_\_\_

**PETITION FOR LIMITED  
DRIVING PRIVILEGES - O.R.C §4510.021**

Now comes the Petitioner, \_\_\_\_\_ (Print Name), who hereby moves the Court for limited driving privileges pursuant to Ohio Revised Code §4510.021. Petitioner states that he/she is applying for privileges for the following reasons:  
(Check all that apply)

- administrative license suspension (ALS) – for a pending OVI
- non-compliance/financial responsibility (FRA)
- court suspension (after drug/OVI conviction)
- twelve (12) points
- out-of-state alcohol or drug suspension
- reinstatement fee owed to BMV

The Petitioner seeks driving privileges for the following purposes:

- employment/occupational
- educational/vocational
- medical
- court ordered alcohol/drug treatment
- probation/court appearances
- child visitation, school, medical, activities
- other: \_\_\_\_\_

The Petitioner represents that there is  / is not  (choose one) a need to renew his/her driver's license before driving privileges are granted. The Petitioner represents that there is  / is not  (choose one) a need to re-test in order to renew his/her driver's license. *(Note: If your driver's license is expired, you must renew it before you are eligible for driving privileges. If your driver's license is expired more than 6 months, you must re-test.)*

The Petitioner further represents that the non-refundable filing fee has been paid to the Court, proof of insurance has been provided, and Petitioner has provided proof that any additional statutory requirements to qualify for limited driving privileges have been met. By signing below the Petitioner hereby attests to the truth of the contents of this statement and acknowledges receiving a copy.

Signature of Petitioner: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Phone : (\_\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_



**MIAMISBURG**  
MUNICIPAL COURT

Judge Robert W. Rettich, III

**WORKSHEET FOR LIMITED DRIVING PRIVILEGES**

This form must be completed and turned in along with the Petition for Limited Driving Privileges. Additionally, you must provide the following:

1. Filing Fee of \$\_\_\_\_\_
2. Proof of Insurance
3. Proof of Employment (letter from employer or pay stub)

**PETITIONER'S INFORMATION**

Name			
Address			
City		State	Zip
Phone No(s)	Social Security No.	Date of Birth	Driver's License No.

**EMPLOYMENT/OCCUPATIONAL**

Employer Name		Employer Phone No(s)	
Address		Job Title	
City		State	Zip

**DAYS OF THE WEEK**

Monday  
 Tuesday  
 Wednesday  
 Thursday  
 Friday  
 Saturday  
 Sunday

**LEAVE HOME**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RETURN HOME**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATIONAL/VOCATIONAL**

Name of School/Institution	Phone No(s)	
Address		
City	State	Zip

**DAYS OF THE WEEK**

**LEAVE HOME**

**RETURN HOME**

Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

**COURT ORDERED ALCOHOL/DRUG TREATMENT**

**\*\*OTHER THAN THIS COURT\*\***

Name of Provider	Phone No(s)	
Address	Contact Person	
City	State	Zip

**DAYS OF THE WEEK**

**LEAVE HOME**

**RETURN HOME**

Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

**PROBATION AND COURT APPEARANCES**

**\*\*OTHER THAN THIS COURT\*\***

Name of Court	Phone No(s)	
Address	Contact Person	
City	State	Zip

**DAYS OF THE WEEK**

**LEAVE HOME**

**RETURN HOME**

Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

**MEDICAL**

Various locations - Monday through Saturday  
7:00 a.m. – 5:00 p.m.

Emergencies permitted 24/7

Medical appointments and emergency visits must be verifiable  
(appointment card or phone call).

Medical appointments include visits to the following: doctor, dentist, counseling, therapy,  
treatments, and pharmacy for you and your dependent (if applicable).

**CHILD VISITATION/SCHOOL**

Name of Child	Name of Other Parent	
Address of Other Parent		
City	State	Zip

Name of Child's School	Start Time and End Time:	
Address		
City	State	Zip

**DAYS OF THE WEEK**

**LEAVE HOME**

**RETURN HOME**

Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

**GAS, GROCERIES, AND BANKING**

Day of the Week: \_\_\_\_\_  
Time (8:00 AM – Noon **OR** Noon – 4:00 PM): \_\_\_\_\_

Name of Gas Station	Phone No(s)	
Address		
City	State	Zip

Name of Grocery Store	Phone No(s)	
Address		
City	State	Zip

Name of Bank	Phone No(s)	
Address		
City	State	Zip

**OTHER**

Location #1	Phone No(s)	
Address		
City	State	Zip

Please state the purpose of these additional privileges: \_\_\_\_\_

\_\_\_\_\_

Location #2	Phone No(s)	
Address		
City	State	Zip

Please state the purpose of these additional privileges: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PETITIONER**

**DATE SIGNED:** \_\_\_\_\_