

IN THE MUNICIPAL COURT OF DELAWARE COUNTY, OHIO

70 North Union Street • Delaware, Ohio 43015 • 740.203.1570 • Fax 740.203.1599 • www.municipalcourt.org

State of Ohio

Case # _____

vs.

Choose only ONE:
If neither is checked – ruling will be mailed

- Please mail
 Will pick up

Defendant

Motion for Limited Driving Privileges
ALL INFORMATION SUBJECT TO VERIFICATION

Defendant moves the court to grant limited driving privileges as shown and certifies that the following is true and accurate:

1. Applicant's Current Residence Address (MUST BE COMPLETE) Street City/State/Zip

2. Drivers License # _____ 3. Date of Birth _____

4. Employer/School Information 1st Employer/School 2nd Employer/School

ALL INFORMATION MUST BE COMPLETED

- A. Employer Name
B. Street Address
C. City, State and Zip
D. Employer/School Phone

Table with columns for days of the week and time ranges (From AM/PM to To AM/PM) for normal days and hours.

Check ONLY if you are "on call" during other hours. Explain below on line 5.

G. Commute time to/from home _____ Miles _____ Minutes _____ Miles _____ Minutes

5. Other.
6. Certain OVI offenders are limited to driving vehicles with restricted plates. Vehicle owners MUST submit OBMV Form 4808 for EACH vehicle to obtain plates.

The undersigned certifies the information herein is true, _____, 20__.

X
Defendant's signature (not required if filed by attorney) Signature & REG # of Atty X

Phone X PRINT name of Atty X (IF filed by attorney)

Motion for Limited Driving Privileges During ALS/Court Suspension