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	a						
	Case #			-			
VS.		Choose only ONE: If neither is checked – ruling will be mailed			Please mail		
Defendant		Translate is encoured framing with our manner			Will pick up		
		mited Drivii	0				
ALL INFORM. Defendant moves the court to grant limited dri					ving is two and	aggurator	
Defendant moves the court to grant number dry	iving pri	vileges as snown	and certifies tha	at the lonov	ing is true and	accurate:	
1. Applicant's Current Residence Address (MUST BE COMPLETE)				City/S	City/State/Zip		
				•	r		
2. Drivers License #	3. Dat	e of Birth					
4. Employer/School Information	1 st Employer/School			2 nd Employer/School			
				* *			
	<u> </u>	ALL INFORM	<u>ATION MUST</u>	BE COM	<u>PLETED</u>		
A. Employer Name							
D. Canada A. I.I.							
B. Street Address							
C. City, State and Zip							
D. Employer/School Phone	()			()			
_ ·	,			\ /			
F. Normal days and hours – EXCLUDING		From	То		From	To	
commute time: (if hours are omitted your	Mon	AM	PM	Mon	AM	PM	
application may be denied. Excessive hours (i.e.	Tues	AM	PM	Tues	AM	PM	
50 hrs/week or more or more than 10 hrs/day)	Wed	AM	PM	Wed	AM	PM	
WILL cause delay/denial and/or lead to added	Thur	AM	PM	Thur	AM	PM	
restrictions	Fri	AM	PM	Fri	AM	PM	
	Sat	AM	PM	Sat	AM	PM	
Check ONLY if you are "on call" during	Sun	AM	PM	Sun	AM		
other hours. Explain below on line 5.	Sun		1 1 1 1 1	Sun		1 141	
omer nours. Explain below on line 3.							
G. Commute time to/from home		Miles	Minutes		Miles	_ Minutes	
5. Other							
5. Other.6. Certain OVI offenders are limited to drivin	σ vehicl	es with restricte	ed plates Vehic	le owners N	AUST submit (ORMV	
Form 4808 for EACH vehicle to obtain plates		es with restrict	ed plates. Veine	ic owners i	TOST Submit V	JDIVI V	
					• •		
The undersigned certifies the information herein is	true,				, 20	·	
X							
X	orney)	Signature & RE	EG # of Atty \mathbf{X}				
Phone X		PRINT name of	f Atty Y				
- 1000	(IF filed by att						

Motion for Limited Driving Privileges During ALS/Court Suspension