

**CELINA MUNICIPAL COURT
MERCER COUNTY, OHIO**

NAME: _____
Petitioner

CASE NO. _____

ADDRESS: _____

BMV CASE NO. _____

vs.

OHIO BUREAU OF MOTOR VEHICLES
Columbus, OH 43216
Respondent

**PETITION FOR LIMITED
DRIVING PRIVILEGES
ORC 4510.021**

Now comes 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:

- Non-Compliance/financial responsibility (FRA)**
 - 12 Point Suspension**
 - Reinstatement fees owed to BMV**
-

The Petitioner represents that:

- I have an unexpired driver's license. Expiration date: _____
- My driver's license has expired (less than six months). I request the Court to issue an order to allow me to renew while under this suspension.
- My driver's license has expired (more than six months). I request the Court to issue an order to allow me to retest while under this suspension.
- I am under a 12-point suspension. I request the Court to issue an order to allow me to retest while under this suspension.
- I cannot pay my Reinstatement Fees in full. I request a court ordered payment plan of \$50.00 a month payable to the BMV.

The Petitioner further represents that the non-refundable filing fee has been paid to the Court along with the filing of this petition.

- \$90.00 filing fee

Signature of Petitioner: _____

Date: _____

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APPLICATION FOR DRIVING PRIVILEGES

This form must be completed and turned in along with the Petition for Limited Driving Privileges.

Petitioner Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

DOB: _____ OL #: _____ SSN: _____

1. Primary Employment:

Employer: _____

Employer Address: _____

Employer Phone: _____

2. Personal/Household needs: (ex: church, shopping, haircut, gas, bank, etc.)

Day of the week (circle **one**):

Monday - Tuesday - Wednesday - Thursday - Friday - Saturday - Sunday

Time (circle **one**):

[8:00am – Noon] [Noon -4:00pm] [4:00pm – 8:00pm]

3. Check any that apply: Directly to and from all prescheduled appointments

Medical Counseling _____

Attorney _____ Court Hearings _____

4. Other:

Where: _____

Purpose: _____

5. Other:

Where: _____

Purpose: _____

Signature of Petitioner: _____

Date: _____