

IN THE MUNICIPAL COURT OF GALLIPOLIS, OHIO
GALLIA COUNTY

Name: _____

Case: _____

Address: _____

Petition for limited driving privileges
from a driving suspension

SSN: _____

D.O.B: _____

Petitioner received a license suspension on the ____ day of _____, _____, for a period of _____.

Petitioner hereby requests the Court to modify said suspension so as to grant limited driving privileges on the grounds that the said suspension would seriously affect the Petitioner's ability to continue in his/her employment, education, or vocation.

Petitioner represents that he/she is under no other license suspension of driving privileges.

In some cases, the Petitioner must procure restricted license plates from the Bureau of Motor Vehicles and show proof to the Court before limited driving privileges will be granted by the Court.

Petitioner must provide Social Security number and Date of Birth .

Petitioner represents that he/she has attached proof of financial responsibility.

Petitioner represents that he/she has attached verification of any employment or school schedule, any medical appointments or other necessity.

Petitioner must provide a copy of current vehicle registration in his/her name.

Petitioner represents that the \$20.00 filing fee for the Petition has been paid and has been advised that said filing fee is **NON-REFUNDABLE**.

The Clerk's office must obtain a BMV Leads print out of petitioner's permanent driving record prior to being able to determine eligibility. This could take a few days. Please be patient.

Date

Petitioner

The following charts are intended to help you determine if you are eligible.