IN THE COURT OF COMMON PLEAS, GUERNSEY COUNTY, OHIO

NOTICE

According to Ohio Revised Code Section 4510.021, driving privileges may only be granted for occupational, vocational, and medical reasons, taking the driver's license examination, and/or for Court ordered counseling. Also, this Court only has jurisdiction on the ability to drive in the State of Ohio, therefore, driving privileges will not be granted to drive outside of the State of Ohio.

As a matter of Court policy, anyone wishing to request driving privileges must complete the enclosed Application and submit it to the Court along with proof of insurance (statement from agent or card stating effective dates), proof of employment (letter from employer(s) on letter-head stationary stating hours and days employed, even if those days/hours vary. If you are self-employed, you must present a notarized statement of hours and days.) If applying for educational privileges, name of school and school schedule must be submitted. Medical condition driving privileges, if requested, must be submitted with verification from your doctor. You must show proof of obtaining restricted plates (if required) and proof of ignition interlock device (if required).

JUDGE DANIEL G. PADDEN
Common Pleas Court
Guernsey County, Ohio

IN THE COURT OF COMMON PLEAS, GUERNSEY COUNTY, OHIO

STATE OF OHIO,

Plaintiff,

vs.

_____
_____
_____,

Defendant.

CASE NO. _____

APPLICATION FOR DRIVING PRIVILEGES

THIS FORM MUST BE COMPLETED AND FILED WITH THE CLERK'S OFFICE BEFORE THE ISSUANCE OF A DRIVING PERMIT. The Court is not required to grant limited driving privileges and may decline to do so based upon the individual's driving record and other factors.

SS# XXX-XX-_____ Op. Lic. No. _____

DOB: _____ BMV Case No. _____

Please check all of the following that apply:

- ☐ I need driving privileges to and from school. (school name; address; schedule attached)
- ☐ I need privileges to get back and forth to work, proof of employment attached stating hours and days employed. (If self-employed notarized statement of hours and days)
- ☐ I need privileges for an ongoing medical condition (proof of appointments with written verification from doctor.)
- ☐ Other requests: _____
  _____
  _____
  _____

REQUIREMENTS

- Proof of insurance (statement from Agent or card stating effective dates).
- Proof of employment (letter from employer stating hours and days employed). (If self-employed notarized statement of hours and days.)
- Restricted Plates (verification of registration from Registrar).
- Proof of Ignition Interlock