

LICKING COUNTY MUNICIPAL COURT
40 WEST MAIN STREET
NEWARK, OHIO 43055

APPLICATION FOR LIMITED DRIVING PRIVILEGES

INCOMPLETE INFORMATION ON THIS APPLICATION WILL CAUSE A DELAY IN PROCESSING YOUR REQUEST AND IT WILL BE RETURNED TO YOU FOR COMPLETION. If you are granted driving privileges, a Modifying Order will be mailed to your address and you will then be able to drive according to the conditions of that Modifying Order. If you are denied driving privileges, you will also be notified by mail. The fully completed form may be hand-delivered or mailed to the above address, faxed to 740-345-4250 or emailed to office@lcmunicipalcourt.com. Please direct questions regarding limited driving privileges to the Clerk's Office at 740-670-7800 or the Probation Department at 740-670-7825.

DATE: _____ CASE NUMBER: _____

DEFENDANT'S NAME: _____

DEFENDANT'S STREET ADDRESS: _____

DEFENDANT'S P.O. BOX, IF ANY: _____

DEFENDANT'S CITY, STATE AND ZIP CODE: _____

SOCIAL SECURITY #: _____ TELEPHONE #: _____

EMAIL ADDRESS: _____

Limited driving privileges include occupational, educational, vocational (job training programs), and medical appointments, including hospitals and pharmacies. Please include the name and street address of ALL the places that apply to your situation that you need the judge to consider. Court-ordered programs are included in all driving privileges.

EMPLOYER'S NAME AND EXACT STREET ADDRESS (no P.O. boxes), CITY AND STATE: _____

If you are self-employed, please explain your occupation: _____

NAME AND EXACT STREET ADDRESS OF EDUCATIONAL AND VOCATIONAL INSTITUTIONS AND MEDICAL DOCTORS (include hospitals and/or pharmacies): _____

