

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

Printed Name

Application for Limited Driving
Privileges on a Financial
Responsibility Act Suspension

Street Address

P.O. Box, if any

Court Case No. _____
(assigned when filed)

City, State and Zip Code

Social Security Number

Date of Birth

Telephone Number

Email Address

The applicant respectfully states as follows:

1. My privileges to operate a motor vehicle in the State of Ohio are suspended as the result of not having insurance as required under the Financial Responsibility Act.
2. The suspension is for one (1) year or two (2) years (please circle). I understand that if my suspension is for one (1) year, I must wait the mandatory fifteen (15) days from the beginning suspension before driving privileges can be granted and if for two (2) years, I must wait the mandatory thirty (30) days from the beginning suspension date before driving privileges can be granted.
3. I understand that before driving privileges can be granted on this financial responsibility act suspension, I must pay the required reinstatement fee of \$350 or \$650 and file financial responsibility with the Bureau of Motor Vehicles. **ATTACHED TO THIS APPLICATION IS A COPY OF THE RECEIPT WHEREIN THE BMV REINSTATEMENT FEE(S) WAS(WERE) PAID.**

4. I further understand that I must maintain financial responsibility as required by law for at least three (3) years and possibly up to five (5) years as determined by the Ohio Bureau of Motor Vehicles. If financial responsibility should lapse during the one (1) year or two (2) year license suspensions, the driving privileges granted by this court will be null and void. **ATTACHED TO THIS APPLICATION IS A COPY OF MY FINANCIAL RESPONSIBILITY/SR-22 BOND.**

5. I further state that without driving privileges, I cannot continue or improve my employment or obtain employment and therefore, I cannot support myself and/or my dependents.

6. I will pay all the costs of this action, which is \$75.

7. I further state that I will carry a certified copy of my Modifying Order at any time I operate a motor vehicle during the suspension.

Respectfully submitted,

Signature

INCOMPLETE INFORMATION ON THIS APPLICATION WILL CAUSE A DELAY IN PROCESSING YOUR REQUEST AND IT WILL BE RETURNED TO YOU FOR COMPLETION. Please allow for at least five (5) business days for processing your driving privileges' application. 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. Any questions regarding your driving privileges may be directed to Vanessa Stalnaker at 740-670-7838. Please do not call the judge's or clerk's office regarding your driving privileges.

The Ohio Revised Code has expanded the definition of limited driving privileges to include occupational, educational, vocational (job training programs, etc.), and medical appointments. Please include the name and street address of ALL the places that apply to your situation that you need the judge to consider.

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: _____

This application must be filed in the Civil Division of the Licking County Municipal Court, 40 West Main Street, Third Floor, Newark, Ohio. The filing fee is \$75. If you **HAVE** paid your reinstatement fee and filed your financial responsibility, you must provide a copy of the receipt and policy with this application. If you **HAVE NOT** paid your reinstatement fee and filed your financial responsibility with the BMV, you must do so before this application will be considered. When all documents are in order, you will receive a certified Modifying Order in the mail at the address provided in your application granting driving privileges. If you have any questions, please contact me at 740-670-7838.

Vanessa M. Stalnaker
Senior Probation Officer