

PAULDING COUNTY MUNICIPAL COURT  
201 E. CAROLINE ST. STE #2  
PAULDING, OHIO 45879

**\*\*\*YOU MUST HAVE ALL FINES AND COURT COSTS PAID IN FULL PRIOR TO PRIVILEGES BEING ISSUED, UNLESS YOUR COURT CASE IS STILL PENDING\*\*\*\*\***

IF YOU WANT TO REQUEST DRIVING PRIVILEGES WHILE UNDER A COURT IMPOSED SUSPENSION OR BMV IMPOSED SUSPENSION, THE FOLLOWING PROCEDURE MUST BE FOLLOWED:

1. You must complete the attached petition for work related driving privileges. Any information needed for privileges must be provided to the Court, this includes special conditions. \*
2. You must provide a letter from your employer to verify employment.
3. You must provide proof of insurance.
4. If you are required to have restrictive plates, you must complete the required form and return it to the Court for the Judge's approval. Then provide copy of registration of restrictive plates to the Court.
5. If you are required to have ignition interlock, you must provide proof of installation to the Court.

\*SPECIAL CONDITIONS: (MAY INCLUDE ANY OF THE FOLLOWING)

1. Attending College/School – provide proof of registration or class schedule
2. Doctor/Hospital appointments – must carry proof of appointment
3. Counseling sessions/AA meetings – must carry proof of meeting
4. Attending Court/Probation appointments –provide proof of appointment

**NOTICE**

**\$ 25.00 FEE**

1. **THE FEE FOR THE FIRST DRIVING PRIVILEGES PETITION IS \$ 25.00. ANY REQUESTED CHANGES OR ADDITIONS REQUIRING THAT NEW PRIVILEGES BE ISSUED ARE SUBJECT TO A \$ 5.00 SERVICE FEE.**

**FORMS MUST BE COMPLETE**

2. **THE PETITION WILL BE REVIEWED BY THE JUDGE. FAILURE TO COMPLETE ANY INFORMATION MAY DELAY YOUR PRIVILEGES.**

**72-HOUR WAIT**

3. **DRIVING PRIVILEGES WILL NOT BE READY UNTIL 72 HOURS AFTER ALL NECESSARY INFORMATION IS PROVIDED TO THE COURT.**

**PICK-UP DRIVING PRIVILEGES**

4. **YOU MUST CONTACT THE COURT TO ASK IF DRIVING PRIVILEGES ARE READY. YOU MUST PICK UP AT THE COURT AND YOU MUST CARRY THEM WITH YOU AT ALL TIMES. YOU ARE ONLY ALLOWED TO DO WHAT IS APPROVED.**

PAULDING COUNTY MUNICIPAL COURT  
PETITION FOR WORK RELATED DRIVING PRIVILEGES

**PLEASE WRITE OR PRINT LEGIBLY**

NAME: \_\_\_\_\_ CASE NO. \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ CELL NO. \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
SHIFT: FIRST SECOND THIRD SWING: \_\_\_\_\_  
LEAVE FOR WORK: \_\_\_\_\_ RETURN FROM WORK: \_\_\_\_\_  
DAYS WORKED: \_\_\_\_\_ THRU \_\_\_\_\_ POSSIBLE OVERTIME Y N

ROUTES/ROADS TAKEN TO EMPLOYMENT: \_\_\_\_\_  
DO YOUR WORK DUTIES REQUIRE DRIVING DURING YOUR WORK HOURS? NO \_\_\_\_\_  
YES \_\_\_\_\_ IF YES--WHERE: \_\_\_\_\_

IS THERE ANOTHER LICENSED DRIVER AVAILABLE TO PROVIDE TRANSPORTATION TO/  
FROM WORK. YES \_\_\_\_\_ NO \_\_\_\_\_

SPECIAL CONDITIONS: DOCTOR/HOSPITAL APPTS:  
NAME OF DOCTOR/HOSPITAL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

COUNSELING/AA MTGS: LOCATION: \_\_\_\_\_  
\_\_\_\_\_

COLLEGE/SCHOOL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

COURT/PROBATION APPTS: LOCATION: \_\_\_\_\_  
\_\_\_\_\_

ARE YOU UNDER ANY OTHER SUSPENSIONS? YES \_\_\_\_\_ NO \_\_\_\_\_

DEFENDANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DO NOT WRITE IN SPACE BELOW: -----

\_\_\_\_ GRANTED AS STATE ABOVE \_\_\_\_\_ GRANTED AS MODIFIED  
\_\_\_\_ DENIED \_\_\_\_\_ OTHER: \_\_\_\_\_

01/01/20

\_\_\_\_\_  
JUDGE, SUZANNE SHUMAN RISTER

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