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

PROOF OF INSURANCE
FOR COURT ISSUED DRIVING PRIVILEGES

DRIVER'S NAME _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____ DOB _____

OWNER'S NAME _____

ADDRESS _____

NAME OF INSURANCE COMPANY _____

ADDRESS _____

NAME OF WHICH POLICY WAS ISSUED _____

INSURANCE POLICY NUMBER _____

EFFECTIVE DATES FROM _____ TO _____
** (MUST HAVE CURRENT POLICY PERIOD FOR DRIVING PRIVILEGES) **

VEHICLE SERIAL NUMBER _____

LICENSE PLATE NUMBER _____ STATE _____

MAKE _____ YEAR _____

Print Form