

**IN THE MUNICIPAL COURT OF SYLVANIA, LUCAS COUNTY, OHIO
MOTION FOR LIMITED DRIVING PRIVILEGES**

VIOLATION DATE: _____ **DATE:** _____

CASE NO: _____ **COURT DATE:** _____

DEFENDANT: _____ **ATTORNEY:** _____

Pursuant to Section 4509.45 O.R.C. proof of current financial responsibility is attached along with a copy of the Court required assessment. The Defendant respectfully requests the Court to consider granting limited driving privileges as follows FOR:

OCCUPATIONAL EDUCATIONAL MEDICAL DRIVER EXAM COURT ORDERED TREATMENT PURPOSE:

1) _____

PLACE/ADDRESS/CITY/ST: _____

DATE/TIMES _____

JUDICIAL USE ONLY [] **APPROVED** [] **DENIED** [] **DEFERRED DATE** _____

PURPOSE:
2) _____

PLACE/ADDRESS/CITY/ST: _____

DATE/TIMES _____

JUDICIAL USE ONLY [] **APPROVED** [] **DENIED** [] **DEFERRED DATE** _____

PURPOSE:
3) _____

PLACE/ADDRESS/CITY/ST: _____

DATE/TIMES _____

JUDICIAL USE ONLY [] **APPROVED** [] **DENIED** [] **DEFERRED DATE** _____

FURTHER UNDERSTAND THAT THESE LIMITED DRIVING PRIVILEGES DO NOT APPLY TO ANY VEHICLE REQUIRING A COMMERCIAL DRIVER'S LICENSE

Signature of Defendant and/or Attorney

[] **RESTRICTED PLATES ARE REQUIRED** [] **FOR EMPLOYMENT VEHICLES, PROOF OF NOTICE SIGNED BY EMPLOYER MUST BE SHOWN PRIOR TO ISSUING PRIVILEGES.**

M. SCOTT RAMEY, JUDGE
Rev 02/2009

DRIVING PRIVILEGES EFFECTIVE UPON COMPLIANCE, BUT NO SOONER THAN _____