

# Lyndhurst Municipal Court

## APPLICATION FOR DRIVING PRIVILEGES - \$75.00 FILING FEE\*

Name: \_\_\_\_\_ Case #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street
City
State
Zip

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

- Type of Suspension:
- OVI
  - BMV Suspension
  - Drug Suspension Pursuant to O.R.C. 2923 and 2925
  - 12 Point Suspension

The Defendant understands that before the Court may consider granting limited driving privileges, the Defendant must do the following:

- 1) Pay any outstanding fines and/or court costs;
- 2) Clear all outstanding warrants;
- 3) Present/attach proof of employment (Letter from employer verifying work schedule);
- 4) Present/attach proof of current insurance/financial responsibility.

<b>Purpose</b> <small>(work, school, family, etc)</small>	<b>Location</b> <small>(Destination Name/ Full Address)</small>	<b>Days of Week</b> <small>(S, M, T, W, TH, F, S)</small>	<b>Earliest Departure Time</b>	<b>Latest Return Time</b>
<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Medical <input type="checkbox"/> Family				
<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Medical <input type="checkbox"/> Family				
<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Medical <input type="checkbox"/> Family				
<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Medical <input type="checkbox"/> Family				
<input type="checkbox"/> Other:				

\_\_\_\_\_ **Defendant Signature**

\_\_\_\_\_ **Date**

\*The \$75.00 filing fee is nonrefundable. If you are not eligible for driving privileges, this fee will be applied to any outstanding balances you owe to the Lyndhurst Municipal Court.