

REQUIREMENTS FOR DRIVING PRIVILEGES

Effective March 14, 2006

If you would like to apply for driving privileges these items **MUST** be turned into the Court before your request can be processed:

1. A **COMPLETED** driving privileges application and initialed agreement **with signed approval from your probation officer.**
2. Proof of insurance or SR 22 bond with the date insurance or bond is paid through. Proof should be a letter on insurance company's letterhead and signed by the insurance agent or employee of agent. **Insurance cards and policies are NOT acceptable.**
3. Employment: proof of work schedule on company letterhead signed by a supervisor with a telephone number to contact them.
If you operate a company vehicle during work hours, you must have signed documentation that your employer is aware of your suspension and driving privileges.
4. School: Class schedule
5. A copy of your last drug/alcohol assessment
(You can obtain this from the probation dept. or the agency at which you had the assessment done.)
6. \$20 filing fee is required at the time of application. A \$5 fee is required each time you renew or change your privileges. If you fail to bring the current certificate with you when seeking to renew your privileges or lose your original copy, you will be charged the initial fee of \$20 again. **THIS IS NOT REFUNDABLE!**
7. Reinstatement fee suspension: copy of letter from the BMV stating the amount of reinstatement fees owed.

AFTER ALL of these items have been submitted to the clerk's office, your application will be submitted to the Judges for his approval. **If may take 3-4 days to process your request.** You may call the clerk's office at (740) 385-2250 to see if your privileges have been approved and when to pick them up. **No one** can pick up your privileges **except for you.** **YOU** must sign for them.

We **CANNOT** issue privileges if you have a:

- suspension for not paying fines (forfeiture suspension)
- judgment suspension
- suspension from another court
- temporary ID

If you have any other type of suspension, you can call the Ohio Bureau of Motor Vehicles at (614) 752-7500 or (740) 286-5683 to find out how to clear up the suspension.

**GENERAL CONDITIONS FOR
LIMITED DRIVING PRIVILEGES
GRANTED BY THE
HOCKING COUNTY MUNICIPAL COURT**

A. You have been given the authority to operate a motor vehicle with limited driving privileges during a period of time when your Ohio operator's license has been suspended. During the period of this operation, you shall have in your possession and ready to display to a law enforcement officer the following:

1. A copy of your insurance policy, SR-22 form or declaration demonstrating that the automobile you are driving is covered as required by Ohio's Financial Responsibility form.
2. Your driving certificate.
3. Your vehicle registration form.

B. You may not have in existence, at the time of the operation of any motor vehicle, any other kind of suspension, either through another court or the Ohio Bureau of Motor Vehicles. **It is your responsibility to ensure that no other restrictions or suspensions apply to your operating privileges.**

C. So that you will understand the terms that are used in your Limited Driving Privileges Certificate, one (1) or all may apply to you, the following explains the common sense rules that apply.

(initials)

**TO, FROM AND DURING WORK, EDUCATIONAL,
VOCATIONAL AND MEDICAL APPOINTMENTS**

You may leave your residence and proceed on a direct path to your employer's place of business or to your work site. You may drive throughout your normal shift, either your own motor vehicle or a company owned or leased motor vehicle, for work purposes only. It may be required that on your personal motor vehicle you have displayed six (6) digit Ohio restricted plate. You are not required to have the restricted plate on any employer owned or a leased motor vehicle.

At the end of your shift or work assignment, whether on a fixed daily shift or some other scheduled basis, you shall then drive directly from your work site or your employer's place of business to your residence.

You may stop once in route to work or while coming home from work at a gasoline station in order to obtain gas or other petroleum products for your automobile. You may NOT stop for any other reason while going to or from work.

You may NOT transport other persons in your motor vehicle if they have to stop for other reasons while going to or from work. You may transport co-workers if you are in a car pool and you may deviate from the direct path from your residence to your co-workers' residence for the purpose of picking them up for that ride.

Defining the most direct route to your employer's place of business will be accomplished by obtaining an Ohio map or a map of your city and drawing a straight line from your residence to that employer. You may not deviate unreasonably from that path. The time for travel will be calculated as described hereafter.

(initials)

DRIVING TO AND FROM COURT ORDERED
TREATMENT:

You may leave your residence in sufficient time, in advance of any meeting to reach the meeting or counseling session in a timely manner or you should return from that meeting or counseling session directly to your residence.

You may drive to and from all court appearances. No more times may be expended in commuting to or from meetings or sessions that is necessary. Reasonable time shall be computed using the average distance and the maximum speed in route to obtain an approximate time in route. Time in route may not vary more than 10 minutes for every 10 miles traveled. **You shall obey all traffic rules.**

(initials)

FAMILY NECESSITIES:

If you are a single parent or the only licensed motor vehicle operator in your family, you may drive to and from your residence to the following locations: grocery store, laundry, child care services, Head start, church, routine scheduled appointments to a family physician or other medical professional, outpatient medical treatment facility, laboratory or otherwise for emergency medical care. **You shall obey all traffic rules.** You shall return directly home from these locations according to the rules noted above.

(initials)

EMERGENCY:

There may be other terms and authorities granted with your limited driving privileges. You may use your limited driving privileges under no other circumstances unless a sudden medical emergency would exist for you, your spouse, your children, or your parents and they need urgent and immediate emergency medical intervention. Then and only then can you drive directly from your home to a police station, fire station, emergency medical station or other medical treatment facility. **You shall obey all traffic rules.**

(initials)

QUESTIONS:

If you have a question about whether or not you may drive to and from a specific location or for a reason not described in this letter of explanation then the responsibility is yours and entirely yours to contact the Court to obtain specific authority.

(initials)

GENERAL:

While it may be a term of your probation that you not consume any alcohol in any form, and/or use or possess any illicit drugs, under any circumstances, for any reason, you will note that your order states that if you are in a motor vehicle and have consume alcohol and/or used any illicit drugs within 24 hours of operation of the motor vehicle or have alcohol in your motor vehicle or in or about your presence at any time or if your blood alcohol content is 0.02210 Liters per unit volume of blood, breath, or urine, then this **LIMITED DRIVING PRIVILEGE IS VOID** and you could be charged with driving under a Court ordered suspension.

(initials)

If your insurance or SR22 Bond lapses and/or you fail to pay your monthly reinstatement fee to the BMV, **THIS ORDER WILL BECOME NULL AND VOID.**

(initials)

NOTE: IF YOU ARE STOPPED BY A LAW ENFORCEMENT OFFICER AND YOU REFUSE TO SUBMIT TO A REQUESTED BLOOD, URINE, OR BREATH TEST, THIS ORDER SHALL BE VOID, AND YOU MAY BE CHARGED WITH DRIVING UNDER SUSPENSION.

IF YOU DRIVE WITH A RESTRICTED PLATE, YOU MAY BE STOPPED WITHOUT PROBABLE CAUSE TO BE CHECKED FOR ALCOHOL OR DRUGS OF ABUSE.

NO DEVIATIONS ARE AUTHORIZED NOR WILL THEY BE TOLERATED. NO EXCUSES FOR A LACK OF UNDERSTANDING ABOUT YOUR LIMITED DRIVING PRIVILEGES WILL BE ACCEPTED.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL (740) 385-2250.

APPLICATIONS RECEIVED AFTER 3 P.M. MAY NOT BE PROCESSED UNTIL THE NEXT REGULAR BUSINESS DAY.

I HAVE READ THIS AND UNDERSTAND IT COMPLETELY OR IT HAS BEEN EXPLAINED TO ME TO MY SATISFACTION.

Dated: _____

Defendant

State of Ohio/City of Logan

Case # _____

vs.

Defendant _____

Motion for Limited Driving Privileges During ALS/Court Suspension
ALL INFORMATION SUBJECT TO VERIFICATION

Defendant moves the court to grant limited driving privileges as shown and certifies that the following is true and accurate:

1. Applicant's Current Residence Address
(MUST BE COMPLETE)

Street _____

City/State/Zip _____

2. Social Security # _____

3. Date of Birth _____

4. Employer/School Information

1st Employer/School _____

2nd Employer/School _____

ALL INFORMATION MUST BE COMPLETED

A. Employer Name _____

B. Street Address _____

C. City, State and Zip _____

D. Employer/School Phone () _____

() _____

F. Normal days and hours – **EXCLUDING**
commute time: **(IF YOU FAIL TO PROVIDE**
HOURS YOUR APPLICATION WILL BE
DENIED. Excessive hours (i.e. 50 hours/week
or more than 10 hours/day) WILL cause
delay/denial and/or lead to added restrictions

Check **ONLY** if you are "on call" during
other hours.

	From	To		From	To
Mon	_____ AM	_____ PM	Mon	_____ AM	_____ PM
Tues	_____ AM	_____ PM	Tues	_____ AM	_____ PM
Wed	_____ AM	_____ PM	Wed	_____ AM	_____ PM
Thur	_____ AM	_____ PM	Thur	_____ AM	_____ PM
Fri	_____ AM	_____ PM	Fri	_____ AM	_____ PM
Sat	_____ AM	_____ PM	Sat	_____ AM	_____ PM
Sun	_____ AM	_____ PM	Sun	_____ AM	_____ PM

5. Certain OVI offenders are limited to driving vehicles with restricted plates and all TRAFFIC offenses must accompany a completed BMV4808 form (found at www.ohiobmv.com for EACH vehicle.)

6. All applicants must submit completed application and include current proof of insurance, a letter from your employer/ school schedule and court filing fee. Failure to provide any of these requirements **will result in the denial of your application.**

The undersigned certifies the information herein is true, _____, 20____.

X _____
Defendant's signature

Probation Officer: [] Approved [] Denied for the following _____

Signature _____

JUDGES RULING: [] Approved [] Denied for the following _____

Signature _____