

PETITION FOR WORK (OCCUPATIONAL) DRIVING PRIVILEGES

				CASE NO.:			
NAME:							
ADDRESS:							
CITY:		STATE:		ZIP:			
DRIVER LICENSE NUMBER:		DATE OF BIRTH: / /		SOCIAL SECURITY NUMBER		CASE NUMBER:	

I, the Defendant in the above case, request occupational driving privileges because the suspension of my driver's license and all driving privileges presents a hardship and seriously affects my ability to continue my employment and to earn a living,

I am employed at:

COMPANY NAME:		COMPANY TELEPHONE NUMBER: () -	
COMPANY TELEPHONE NUMBER:			
CITY:	STATE:	ZIP CODE:	

Reason for Driving: _____ Driving during employment? _____ YES _____ NO

If yes, state reason: _____

I work the following schedule: _____

<u>DAYS OF THE WEEK</u>	<u>STARTING TIME (a.m./p.m.)</u>	<u>QUITTING TIME (a.m./p.m.)</u>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

I have a valid Ohio Operator's License. I understand that any driving privileges granted are void if my operator's license is suspended, revoked, or expired.

I have automobile liability insurance coverage through _____ Policy No. _____
I understand that any driving privileges granted are conditioned on my having automobile liability coverage during such driving. I will obey all traffic statues and ordinances. While I have driving privileges, I will immediately report to Court any change on this Petition or in my driving status, and any traffic violation.
All of this information is true and correct to the best of my knowledge and belief as of this date.

Signed: X _____ Date: _____
Defendant

Based upon the Defendant's representation, it is found that the driving suspension would seriously affect Defendant's ability to continue to financially support his/herself and family. Driving Privileges are hereby:

 GRANTED. To and From work under the Courts standard restrictions and for the following additional limited reasons: _____
These privileges expire: _____, 20____.

 DENIED.

IT IS SO ORDERED

Dated: _____ 20____. _____
Judge Marty D. Nosich

PROOF OF INSURANCE AFFIDAVIT

TRUMBULL COUNTY EASTERN DISTRICT COURT

7130 BROOKWOOD DRIVE
BROOKFIELD, OH 44403

TELEPHONE: (330) 675-7900

FAX: (330) 675-7922

DATE OF OFFENSE: _____

DEFENDANT/DRIVER: _____

WAS THE DEFENDANT OF THE VEHICLE LISTED BELOW COVERED BY
PROPERTY DAMAGE AND BODILY INJURY LIABILITY INSURANCE AS REQUIRED BY OHIO
REVISED CODE SECTION 4509.101? YES _____ NO _____

NAME AND ADDRESS OF INSURANCE COMPANY: _____

NAME IN WHICH POLICY WAS ISSUED: _____

INSURANCE POLICY NO.: _____

EFFECTIVE DATES FROM: _____ TO: _____

DRIVER'S NAME AND ADDRESS: _____

DRIVER'S SOCIAL SECURITY NUMBER: _____

DRIVER'S DATE OF BIRTH: _____

OWNER'S NAME AND ADDRESS: _____

VEHICLE LICENSE PLATE NO.: _____ STATE ISSUED: _____

VEHICLE SERIAL NO.: _____ YEAR/MAKE VEHICLE: _____

(SELF INSURED OR UNDER FLEET COVERAGE, ICC OR PUCO)

DID YOU OPERATE UNDER FLEET COVERAGE (SR23) ON FILE WITH THE REGISTRAR OF
MOTOR VEHICLES? YES _____ NO _____

HAS THE REGISTRAR ISSUED A CERTIFICATE OF SELF INSURANCE?
YES _____ NO _____. PERMIT NO.: _____

WAS YOUR VEHICLE OPERATING UNDER THE AUTHORITY OF PUCO OR ICC?
YES _____ NO _____. PERMIT NO.: _____

I HEREBY CERTIFY TO THE COURT THAT THE ABOVE INFORMATION IS CORRECT
AND TRUE. I ALSO UNDERSTAND THAT I MUST NOTIFY THE COURT SHOULD THE
ABOVE LISTED INSURANCE POLICY BE TERMINATED OR CANCELLED, FOR ANY
REASON WHATSOEVER, PRIOR TO THE EXPIRATION DATE SET FOR ABOVE.

DATED: _____, 20____.

SIGNATURE OF INSURANCE AGENT

AGENT LICENSE NUMBER