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: _____

DAYS OF THE WEEK	**STARTING TIME (a.m./p.m.)**	**QUITTING TIME (a.m./p.m.)**
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