

IN THE MUNICIPAL COURT OF TOLEDO, LUCAS COUNTY, OHIO

Motion for Limited Driving Privileges

Two of the four identifiers below are required.

Name

Address

City, State and Zip

Telephone Number

BMV Case Number

Driver's License Number

Date of Birth

XXX - XX -

Last Four Digits of Social Security

-vs-

**State of Ohio
Bureau of Motor Vehicles
PO Box 16520
Columbus, Ohio 43216-6520**

Now comes the Petitioner and states that on or about the ____ day of _____, 20____, the Defendant, State of Ohio, Bureau of Motor Vehicles, issued a Notice of Suspension of Petitioner's Driver's License for the following reason(s):

_____ First or Second Non Compliance (No Proof of Insurance)

_____ DUI/Drug Offense out of State

_____ Reinstatement Fee Plan

The suspension to be in effect starting _____.

Petitioner/Attorney Signature

Date