

IN THE MUNICIPAL COURT OF TOLEDO, LUCAS COUNTY, OHIO

Petition for BMV Show Cause Hearing for (12) Point Suspension

Name

**Two of the four identifiers below
are required.**

Address

BMV Case Number

City, State and Zip

Driver's License Number

Telephone Number

Date of Birth

XXX - XX -

-vs-

Last Four Digits of Social Security

**State of Ohio
Bureau of Motor Vehicles
P.O. Box 16520
Columbus, Ohio 43216-6520**

Now comes _____, and states that he/she received a letter suspending their
(petitioner)

driver's license effective on _____.
(date)

Petitioner can show why the suspension should be set aside or modified.

Petitioner agrees to pay the costs.

Petitioner asks that Defendant/Registrar send to Plaintiff a copy of points accumulated.

Petitioner/Attorney Signature

Date