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
P.O. Box 16520 Columbus, Ohio 43216-6520 Now comes	, and states that he/she received a letter suspending their
driver's license effective on	(date)
Petitioner can show why the suspens	sion should be set aside or modified.
Petitioner agrees to pay the costs.	
Petitioner asks that Defendant/Regis	strar send to Plaintiff a copy of points accumulated.
Petitioner/Attorney Signature	