

REQUEST FOR DETERMINATION OF ELIGIBILITY

Name (first name, mi, last name)

Email please check if you prefer email
correspondence

Address

Telephone Number

City, State, and Zip Code

DOB

Driver's License # (If known)

Check all that are applicable:

- I am currently a defendant in a pending case in Toledo Municipal Court, Case Number _____; **(Must begin with CRA, CRB, TRC, or TRD)**
- My next Court date is _____ in Courtroom # _____ at ____:____ am/pm;
- I currently owe \$ _____ to the BMV for Reinstatement Fees.

I AM REQUESTING A DETERMINATION BE MADE FOR MY ELIGIBILITY FOR ANY OF THE FOLLOWING:

- CSPP in lieu of BMV Reinstatement fees
- Driving Privileges
- BMV Reinstatement Fee plan

I understand this request will be forwarded to the License Intervention Specialist for determination of eligibility and that a hearing date *may* be set that I must attend. I have given my proper contact information on this form and understand that my failure to do so may result in my request not being adequately completed.

Petitioner-Defendant / Attorney Signature

Email address / Telephone Number