

**IN THE MUNICIPAL COURT OF TOLEDO, LUCAS COUNTY, OHIO
CRIMINAL/TRAFFIC DIVISION
MOTION FOR DRIVING PRIVILEGES AND FEE PLAN**

Name

TMC Case Number

Address

City, State, and Zip Code

Telephone Number

Direct Email

Choose between Section 1 or Section 2

SECTION 1

- I have been reviewed by the License Intervention Specialist for determination of eligibility.
- I am requesting a BMV Payment Plan be granted totaling fees of \$_____.
- I am requesting Limited Driving Privileges

OR

SECTION 2

- I have been reviewed by the License Intervention Specialist for determination of eligibility.

(All of the below information MUST be checked to be eligible to request this section)

- 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.
- Therefore, I request that I be granted Community Service in Lieu of BMV Reinstatement Fees if I am determined eligible by the Court, and limited driving privileges, pursuant to Ohio Revised Code Section 4510.10(C).

CERTIFICATION

I hereby certify that the above motion was mailed to The Toledo Municipal Court Prosecutor's Office by ordinary US mail / hand delivery (circle one), 555 N. Erie St. Toledo, Ohio 43604 on the _____ day of _____, _____.

Petitioner-Defendant / Attorney Signature

Email address / Telephone Number