

IN THE MUNICIPAL COURT OF TOLEDO, LUCAS COUNTY, OHIO

**PETITION FOR LICENSE SERVICES
Civil Division**

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

Name

Address

City, State and Zip

BMV Case Number

Driver's License Number

Date of Birth

-vs-

XXX - XX -
Last Four Digits of Social Security

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

Now comes the Petitioner and states that the State of Ohio, Bureau of Motor Vehicles, has suspended the Petitioner's Driver's License. Petitioner requests an immediate review before the Duties Judge for consideration of the following:

_____ Reinstatement Fee Payment Plan for fees totaling \$_____.

_____ Limited Driving Privileges as the State of Ohio, Bureau of Motor Vehicles, issued a Notice of Suspension effective _____ for the following reason(s):

_____ Non Compliance (No Proof of Insurance)

_____ DUI/Drug Offense out of State

The Court will contact the Petitioner by telephone or email upon review. Please provide:

Telephone Number: _____ **Email Address:** _____

Petitioner/Attorney Signature

Date