

IN THE DELAWARE MUNICIPAL COURT, DELAWARE COUNTY, OHIO

70 North Union Street, Delaware, Ohio 43015 • Voice: 740.203.1560 • Facsimile: 740.203.1599 • www.municipalcourt.org

State of Ohio

Registrar, OBMV

Respondent

CASE NO: _____

vs.

adv.

↗ court number only

Petition Regarding Driving Privilege

Suspension imposed by OBMV

_____ full name, please print

one > this case is [] new civil [] existing Crim-Traf (4510.73)

_____ address

CV • 12pt. Suspension - Appeal and/or Driving Privileges

CV • Noncompliance Suspension - Driving Privileges (2+ w/in 5yrs)

_____ city, state zip

CV • Reinstatement Fee - Pay Plan and/or Driving Privileges

CV • Foreign Jurisdiction OVI-Drug Offense Susp. - Driving Privileges

_____ email

CV • Other Appeals/Petitions

TRCR • Other Appeal/Petition re OBMV Suspension

_____ Petitioner - Appellant - Defendant

TRCR • Suspension by this Court Concurrent with OBMV Suspension

1. A. Petitioner received driving privilege suspension notice from the Ohio Bureau of the Motor Vehicles (OBMV) due to [check applicable field(s)] [] accumulation of points [] failure to show proof of financial responsibility [] suspension of privileges by foreign jurisdiction for drug or OVI offense [] pending payment of reinstatement fees required under R.C. §§ 4507.1612, 4507.45, 4509.101, 4509.81, 4511.191, or 4511.951 [] other _____

B. A copy of Petitioner’s OBMV driving record is attached [failure to attach may delay processing this petition].

C. The beginning date(s) of the suspension(s) is / are / was: _____.

D. Petitioner presently maintains proof of financial responsibility, a copy of which is attached [except, in 12 point suspension and reinstatement fee deferral/payment plan petitions that do not seek driving privileges, and Administrative Appeals].

E. Petitioner certifies that all information provided on this petition and any attachment is true and accurate.

F. Unpaid reinstatement fees currently due to OBMV total \$ _____ [if requesting payment plan or delay].

[Check one or more of the following sections that apply. Checking inapplicable sections will delay processing of the petition.]

2. **12 Point Suspension Appeal.** Petitioner appeals imposition of the suspension and requests

[] A. driving privileges as set forth on the attached Driving Privileges Request Supplement. [Privileges can be granted without oral hearing. Suspension is stayed only if appeal filed before suspension begins.] R.C. § 4510.037(G).

[] B. reversal of OBMV suspension due to excess points. [Oral hearing required.] This petition is filed BEFORE the effective date of suspension. Petitioner can show cause why the suspension should be set aside. R.C. § 4510.037(B).

[] **3. Noncompliance Suspension R.C. § 4509.101.** A. Petitioner has complied with R.C. § 4509.101(A)(5) by submitting to the Ohio Bureau of the Motor Vehicles all of the following, where applicable:

i. Financial responsibility reinstatement fee (copy of OBMV receipt attached).

ii. Financial responsibility nonvoluntary compliance fee, if applicable (copy of OBMV receipt attached).

iii. Proof of financial responsibility - SR22 (copy attached).

B. Petitioner requests limited driving privileges as detailed on the attached Driving Privileges Request Supplement and as allowed by law. (On 1st suspension in 5 yrs, OBMV will restore privileges on payment of reinstatement fee and proof of insurance. Court privileges are prohibited during the first 15 days of 2nd noncompliance suspension w/in 5yrs of violation, and 1st 30 days if there are two or more prior noncompliance suspensions within 5yrs of violation).

4. **Foreign Jurisdiction Suspension. R.C. § 4510.17(E).** Due to suspension by a foreign jurisdiction, the OBMV imposed a suspension which seriously affects Petitioner’s ability to continue employment. (check one)

A. [] Petitioner requests limited work-related driving privileges during the suspension of Ohio driving privileges.

B. [] Petitioner is a first-time OVI offender and seeks unlimited driving privileges with a certified ignition interlock device (CIID) during a suspension imposed due to a foreign-jurisdiction OVI suspension. Petitioner acknowledges that upon notice that the CIID prevented vehicle start by petitioner or is circumvented/tampered with, or that Petitioner operated vehicle w/o CIID, the court may require remote-function continuous alcohol monitor be worn for 0 - 60+ days and either double the period that OL is suspended and/or that CIID is required, or extend CIID requirement by 60+ days. R.C. § 4510.022(C)(2),(E).

[] **5. Other Appeal or Petition. R.C. § 4510.73** (fully explain, use additional sheets if necessary). _____

[16. Plan or Delay to Pay Reinstatement Fees. R.C. § 4510.10. Petitioner cannot reasonably pay reinstatement fees as shown at ¶1(F) now due on the suspension(s) now in effect or about to begin; but for said fee(s) and any other suspension above mentioned, Petitioner would be eligible to operate a vehicle or obtain reinstatement of operating privileges in Ohio. Proof of financial responsibility and a copy of Petitioner’s OBMV driving record are attached. Petitioner requests limited driving privileges shown on the attached Driving Privileges Request Supplement and as otherwise allowed by law. (Before filing this application, Petitioner should investigate eligibility for OBMV Fee Installment Plan (BMV Form 1152) which requires no filing fee and restores unlimited driving privileges.) Pending full payment of all reinstatement fees due, Petitioner requests [*CHECK ONLY ONE*]:

- A. A reasonable payment plan not less than \$50 per month payable to the OBMV until all reinstatement fees are paid in full. R.C. § 4510.10(D)(1). (Monthly payments required to maintain limited driving privileges.)
- B. A payment delay not longer than 180 days at the end of which full payment of all reinstatement fees must be made to the OBMV in order to maintain or recover driving privileges (no payments required during delay period). (NO FURTHER DELAY IS PERMITTED. LIMITED PRIVILEGES EXPIRE AT END OF THE DELAY PERIOD PENDING PAYMENT OF ALL FEES DUE.) R.C. § 4510.10(D)(2).

7. Wherefore, Petitioner requests that the court grant the relief above requested. If this is a traffic or criminal case and the court imposed a license suspension, Petitioner seeks driving privileges during the court suspension. Petitioner acknowledges that the clerk and court personnel cannot give legal advice and no information provided has been taken as such. Petitioner acknowledges that this form is provided as a convenience; nothing in the form constitutes legal advice. [Court cost deposits, where required, are not refundable if the court denies relief requested. For legal advice Petitioner must contact an attorney.]

8. Precipe for Service [in new civil case only]. Petitioner requests that the clerk serve a copy hereof on Respondent by regular mail and on the Delaware City Prosecutor by leaving a copy hereof in the Prosecutor’s box at the court.

signature of <input type="checkbox"/> petitioner <input type="checkbox"/> attorney for petitioner	print name of attorney for petitioner (if filed by atty.)	SCR#
petitioner phone number	address (of atty, if filed by atty.)	
XXX-XX-	City, State Zip	
petitioner OL# SSN DOB	phone	
[petition may be delayed/denied if identifying data is incomplete.]		

[Proper service must be shown. Only one signature required.]

<p>10. I served a copy hereof by <input type="checkbox"/> placing copy in the City Prosecutor’s court mail box. <input type="checkbox"/> regular U.S. mail.</p> <p><u>A. Return of Service - [use in new civil case]</u> <i>Cindy Dinovo</i>, Clerk of Court</p> <p>by: _____ Deputy Clerk</p>	<p><u>B. Certificate of Service [use in existing Traffic/Criminal Case]</u></p> <p>_____</p> <p><input type="checkbox"/> Petitioner <input type="checkbox"/> Attorney for Petitioner</p>
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11. The following documentation must be submitted in order to avoid processing delays and/or dismissal of the petition.

- | | |
|--|---|
| <p>A. All petitions require the following:</p> <ul style="list-style-type: none"> i. <input type="checkbox"/> OBMV Driving Record (DR), either of the following (must show applicable active and future suspensions, if any): <ul style="list-style-type: none"> a. official abstract from OBMV. b. noofficial driving record from www.bmv.ohio.gov (click ‘online services’ then ‘view driving record.’) ii. <input type="checkbox"/> Notice of Suspension (if details are not shown in DR) iii. <input type="checkbox"/> Proof of financial responsibility currently in force - SR22 (if driving privileges requested), unless DR shows filed. iv. <input type="checkbox"/> Driving Privileges Request Supplement (if driving privileges requested). | <p>B. With the following, the petition must also include:</p> <p>i. Noncompliance suspension petitions:</p> <ul style="list-style-type: none"> a. <input type="checkbox"/> OBMV nonvoluntary compliance fee receipt, if applicable, unless DR shows paid. b. <input type="checkbox"/> OBMV reinstatement fee receipt , Unless DR shows paid. <p>ii. Reinstatement fee deferral / pay plan petitions:</p> <ul style="list-style-type: none"> <input type="checkbox"/> OBMV nonvoluntary compliance fee receipt, if applicable, unless DR shows paid. |
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Driving Privileges Request Supplement For Use with Separate Petition/Appeal Regarding Driving Privileges

1. Petitioner name: _____ DOB _____ Case No. _____

2. Petitioner Address: _____

3. OL# _____ Issuing state _____ Expiration date _____ SS# XXX - XX - _____

4. Begin & end date(s) of suspension(s) per OBMV notice(s): Begin _____, End _____

4. Are you aware of any other suspension of your driving privileges (if yes, describe in ¶ 6.)? [circle one]. Yes No

5. Employer / School information: 1st Employer / school 2d Employer / school

A. Name. _____

B. Street Address. _____

C. City, State Zip. _____

D. Employer/ School Telephone. () _____ () _____

E. Work address if different from above (for multiple work sites use ¶6). _____

F. Work days & hours EXCLUDING COMMUTE TIME. Excessive hours or failure to provide hours will lead to delay or denial of application. Explain at ¶E if hours are more than 10hrs/day or 50 hrs/week.		From	To		From	To	
	Mon	_____ M	_____ M	Mon	_____ M	_____ M	
	Tues	_____ M	_____ M	Tues	_____ M	_____ M	
	Wed	_____ M	_____ M	Wed	_____ M	_____ M	
	Thur	_____ M	_____ M	Thur	_____ M	_____ M	
	[] Check if on-call during other hours. Explain below at ¶6.	Fri	_____ M	_____ M	Fri	_____ M	_____ M
		Sat	_____ M	_____ M	Sat	_____ M	_____ M
	Sun	_____ M	_____ M	Sun	_____ M	_____ M	

G. Commuting distance and time. Dist. _____ Miles _____ Min's. Dist. _____ Miles _____ Min's.

6. Other _____

7. []Petitioner /Atty. will pick up entry. *Entry will be sent by email/mail unless this box is checked.*

The undersigned confirms that the above information is true and complete.

X
Signature of Petitioner *Not required if filed by Atty.*

X
Attorney for Petitioner *if filed by attorney)*

