RHONDA L. FISHER
Judge
NICHOLAS FEE
Magistrate

COURT OF COMMON PLEAS
WILLIAMS COUNTY

KIMBERLY S. COLLER
Court Administrator
AMY L. KIMPEL
Assignment Commissioner

INSTRUCTIONS FOR OBTAINING LIMITED DRIVING PRIVILEGES

If the Williams County Court of Common Pleas has suspended your driver's license as a result of a criminal conviction in this Court you may be eligible to apply for limited driving privileges. Please fill out the attached Application for Limited Driving Privileges, file it with the Clerk of Courts and mail a copy to the Williams County Prosecutor. Please keep in mind the following:

1. A filing fee of $25.00 payable to the Clerk of Courts, must accompany your Application.

2. Ohio law only allows limited driving privileges to be granted for (a) Occupational, educational, vocational, or medical purposes; (b) Taking the driver's or commercial driver's license examination; or (c) Attending court-ordered treatment.

3. If you are requesting limited driving privileges for travel to and from your place of education or employment you, you must attach proof of employment and/or education and must clearly indicate the hours you will be traveling for such employment and/or education.

4. If you are requesting limited driving privileges to take the driver's or commercial driver's license examination, please make such request in writing, specifying the reason that you need to take the examination on a separate sheet of paper that you sign and attach to the form below.

5. Adequate proof of current liability insurance must be attached before any application for limited driving privileges will be considered.

6. Ohio Bureau of Motor Vehicles reinstatement requirements must be attached to the application. You can obtain such a report at: https://bmvonline.dps.ohio.gov/ → My BMV Profile → Guest log-in → Personal Information tab, enter info and click log-in → View Reinstatement Requirements tab.

7. Once privileges have been granted, applicants must carry a copy of the Court Order with them at all times. Additionally, the person must keep a detailed travel log documenting the date, time, and destination the privileges were utilized. If pulled over by police, the burden is on the holder of the privileges to prove they were operating within them.

ONE COURTHOUSE SQUARE
BRYAN, OHIO 43506

419-636-2644
FAX: 419-636-9886

IN THE COURT OF COMMON PLEAS OF WILLIAMS COUNTY, OHIO

State of Ohio, Case No. _____

Plaintiff,

vs.

_____,

Defendant.

APPLICATION FOR LIMITED DRIVING PRIVILEGES

Full Name: _____

Address: _____

Phone #: _____ SSN #: _____ DOB: _____

Driving Privileges are necessary for: ☐ Work ☐ School ☐ Other: _____
(attach explanation for other)

Name and address of Employer/School: _____

_____

You must attach proof of employment and/or education

Job Title: _____

Are you required to drive during the course of employment? ☐Yes ☐No

Employer Supervisor Name and Phone Number: _____

Are you attending court ordered treatment? ☐Yes ☐No
If yes, indicate name/location of agency: _____

Are you under suspension from any other Court or state agency? ☐Yes ☐No
You must attach the Ohio BMV reinstatement requirements

Do you have Liability Insurance as required by law? ☐Yes ☐No
You must attach hereto a copy of your liability insurance before any driving privileges can be granted.

Name and address of insurance company: _____

_____

Please indicate the approximate time(s) of day you would be traveling for the purposes requested in this application.

	Job	School	Treatment
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

OR

☐ The days and hours of my employment/treatment vary. I am currently on community control through the Williams County Adult Probation Office. I will provide to my supervising officer my weekly employment schedule and the same will be carried with me at all times I am operating a motor vehicle.

I hereby certify the above information is true and accurate. I further certify that I have provided a copy of this Application to the Williams County Prosecutor by ☐mail or ☐ Courthouse mailbox and the Williams County Adult Probation Department by ☐personal delivery to my supervising officer or ☐Courthouse mailbox.

_____

Applicant's signature