

## **LIMITED DRIVING PRIVILEGES:** **LICENSE SUSPENSION**

Limited Driving Privileges are granted at the discretion of the Court which means Limited Driving Privileges are not always granted by the Court.

If your license has been **suspended** by the Court, you may petition the Court to request Limited Driving Privileges.

The Court may grant Limited Driving Privileges if there is reasonable cause to believe that the suspension will **seriously** affect your ability to continue in:

1. Employment;
2. School (including regularly scheduled school activities);
3. Vocational training;
4. Treatment for medical, mental health or substance abuse issues.

The Court may also grant a juvenile with a suspended license limited driving privileges to practice driving with a parent or guardian.

You will need to explain to the Judge/Magistrate why the license suspension will **seriously** affect your ability to continue in employment, educational training, vocational training or treatment for medical, mental health or substance abuse issues before the Court will consider granting you Limited Driving Privileges. Generally, this means that if you have another means to get to school (the bus) or work the Court will not grant your request for Limited Driving Privileges.

If the Court finds it appropriate to grant you Limited Driving Privileges during the period of your license suspension at a **minimum** you will be required to comply with the following conditions and your failure to do so **will** result in the Court immediately revoking your Limited Driving Privileges Permit:

1. When traveling to and from the places listed in your Limited Driving Privileges Permit, you **must** take a direct route and are not permitted to stop for any purpose (store, etc.), **except** that you are permitted to stop for gas en route to and from the places listed in your Limited Driving Privileges Permit;
2. No passengers are permitted in the car while you are driving other than a parent unless otherwise specified by the Court;
3. You must strictly comply with **all** laws (traffic, criminal, curfew, etc.);
4. You are not permitted to use your cell phone for any purpose, including, texting while driving with a Limited Driving Privileges Permit; and
5. You must maintain automobile liability insurance.

Your petition for Limited Driving Privileges **must** be accompanied by the following written documentation before a Limited Driving Privileges Permit will be granted by the Court:

1. A current copy of your proof of insurance;
2. **For school privileges and vocational training**, a letter from the school on school letterhead stating that you are a student and what days and hours school is in session;

3. **For school activities**, a schedule indicating what days and times you are required to be at the school activity;
4. **For employment**, a letter from your employer on letterhead stating that you are an employee and what days and hours you will be working as well as the manager/supervisor's name and contact phone number. This letter should also state the hours of operation for the employer.

**\*\* NOTE: O.R.C. § 4510.31(C)(1) requires that the Court specify the purposes, dates, times and places to and from which the Juvenile will be driving.** Absent this specific information, the Court will not grant your request for Limited Driving Privileges for employment purposes.

5. **For medical/counseling appointments**, a letter or schedule from your doctor indicating the dates, times and place of your appointments.

Your failure to provide any of the items listed will result in the Court denying your request for Limited Driving Privileges.

You may submit your Petition for Limited Driving Privileges to the Court in person, by fax: (330) 643-2987, or by mail: Summit County Juvenile Court, Traffic Department, 650 Dan Street, Akron, Ohio 44310.

It is important that all documents you submit clearly indicate your name and case number. Your failure to provide this information may delay the processing of your request.

If you have any further questions, please contact the Traffic Clerk, Cheryl Simpson at: (330) 643-2917.



8. **EMPLOYERS NAME AND ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

9. **WORK HOURS:** \_\_\_\_\_

\_\_\_\_\_

10. **NAME AND ADDRESS FOR REGULAR MEDICAL OR COUNSELING APPT:** \_\_\_\_\_

\_\_\_\_\_

11. **APPOINTMENT DATES AND TIMES:** \_\_\_\_\_

\_\_\_\_\_

12. **OTHER INFORMATION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attached is a copy of my current insurance information as well as the verification of my employment and school enrollment.

I understand that Limited Driving Privileges are discretionary and will not be granted automatically and that I may not receive all the privileges that were requested in this petition.

I understand that if I am granted Limited Driving Privileges and I violate the privileges granted that the violation may result in a citation for Driving Under Suspension and/or the loss of current Limited Driving Privileges as well as any possible future Limited Driving Privileges.

I further understand that if I am granted Limited Driving Privileges that any change in residence, school attendance, school activity, employment and/or medical/counseling appointments must be reported to the Court and a revised Limited Permit issued in order for the Limited Driving Privileges to be valid.

**I hereby certify that the above information is true to the best of my knowledge and belief.**

\_\_\_\_\_  
JUVENILE

\_\_\_\_\_  
DATE

As the parent or guardian of \_\_\_\_\_ I hereby certify that I have reviewed the information provided in this document and that the information is true to the best of my knowledge.

\_\_\_\_\_  
PARENT OR GUARDIAN

\_\_\_\_\_  
DATE