

**In the Court of Common Pleas  
Juvenile Division  
Summit County, Ohio**

**PETITION FOR LIMITED DRIVING PRIVILEGES**

My Probationary Operator License has been suspended. At this time I am requesting Limited Driving Privileges because the suspension of my driving privileges is a hardship and affects my ability to attend school; continue employment; and/or attend medical appointments.

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**2<sup>nd</sup> RESIDENCE ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**BIRTHDAY:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_

**PROBATIONARY LICENSE #:** \_\_\_\_\_

**LIABILITY INSURANCE POLICY #:** \_\_\_\_\_ **Dates of Coverage** \_\_\_\_\_

I am requesting Limited Driving Privileges for the following reasons:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> School                   | <input type="checkbox"/> Employment                            | <input type="checkbox"/> Practice With Parent, Guardian<br>or Custodian |
| <input type="checkbox"/> Repeated School Activity | <input type="checkbox"/> Medical or Counseling<br>Appointments | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Vocational Training      |  |   |

**SCHOOL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**2<sup>nd</sup> SCHOOL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**SCHOOL HOURS:** \_\_\_\_\_

**SCHOOL ACTIVITY:** \_\_\_\_\_ **SCHOOL ACTIVITY HOURS:** \_\_\_\_\_

**DO YOU TAKE A SIBLING TO SCHOOL?** \_\_\_\_\_ **NAME:** \_\_\_\_\_

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

\_\_\_\_\_

**WORK HOURS:** \_\_\_\_\_

**ARE YOU REQUIRED TO DRIVE DURING WORK HOURS AS PART OF EMPLOYMENT?** \_\_\_\_\_

**2<sup>nd</sup> EMPLOYERS NAME AND ADDRESS:** \_\_\_\_\_

**WORK HOURS:** \_\_\_\_\_

**ARE YOU REQUIRED TO DRIVE DURING WORK HOURS AS PART OF EMPLOYMENT?** \_\_\_\_\_

**ADDRESS OF REGULAR MEDICAL OR COUNSELING APPOINTMENT:** \_\_\_\_\_

**APPOINTMENT DAY(S) AND TIME:** \_\_\_\_\_

**OTHER INFORMATION:** \_\_\_\_\_

Attached is a copy of my current insurance information and proof of employment.

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 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 and belief.**

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

\_\_\_\_\_  
**DATE**

Court Use Only

Date Submitted: \_\_\_\_\_

Length of Suspension: \_\_\_\_\_

Type of Suspension: \_\_\_\_\_