

**IN THE MEDINA MUNICIPAL COURT
MEDINA COUNTY, OHIO**

CASE NO. _____

Petitioner/Appellant,

v.

**REGISTRAR, OHIO BUREAU OF MOTOR
VEHICLES,**
P.O. Box 16520
Columbus, OH 42316

Respondent/Appellee.

**PETITION UNDER R.C. 4511.197
(A) APPEALING ADMINISTRATIVE
LICENSE SUSPENSION, AND/OR
(B) REQUESTING LIMITED DRIVING
PRIVILEGES DURING ADMINISTRATIVE
LICENSE SUSPENSION**

**Date of Initial
Appearance
Or Arraignment:** _____

Date of Birth: _____

Ohio Drivers Lic. No. _____

1. On ____/____/_____, pursuant to R.C. 4511.191/R.C. 4511.192,
Petitioner/Appellant was placed under an Administrative License Suspension (“ALS”) by the
Respondent/Appellant, via _____ (the Arresting Agency).

2. This Petition is filed to seek the following relief concerning this ALS (check all that apply):

To appeal the imposition of that ALS, pursuant to R.C. 4511.197(A) and (B).
[The Court will send notice to Appellant of the date set for the hearing on any timely-filed appeal.]

To request limited driving privileges during the term of that ALS, pursuant to R.C.
4511.197(E).
[The Court may rule on this request without a hearing, otherwise it will send notice to Petitioner of the
date set for the hearing on any timely-filed request.]

3. Petitioner/Appellant has paid or hereby agrees to pay any court fees and costs associated
with the filing of this Petition.

4. If this Petition requests limited driving privileges, Petitioner has completed and attached the
form required to inform the court’s consideration of that request. (See Attached Form A.)

Wherefore, Petitioner requests that the relief requested herein be granted.

Attorney/*Pro Se* Petitioner/Appellant

Address, Phone Number, Email

FORM A

ATTACHMENT TO REQUEST FOR LIMITED DRIVING PRIVILEGES
 R.C. 4511.197(E)—ADMINISTRATIVE LICENSE SUSPENSION

If you are seeking limited driving privileges during your ALS, you must complete and attach this Form A to your petition requesting them.

PETITION CASE NO. _____

OVI CASE NO. _____

PLEASE PRINT

	<u>Applicant</u>	<u>Employer</u>
Name:		
Street Address:		
City/State/Zip:		
Phone:		
Email:		
Supervisor Name:		
Supervisor's Phone:		
Supervisor's Email:		

Privileges Requested

Purpose¹	Location (Destination Name/Address)	Days of Week (Su,M,T,W,H,F,Sa)	Earliest Departure Time	Latest Return Time

¹ In granting limited driving privileges, R.C. 4510.021 requires the court to *specify the purposes, times, and places* of the privileges, and allows the court to impose any other reasonable conditions on the person's driving. Privileges are permitted by law only for the following purposes: (1) Occupational, (2) Educational, (3) Vocational, (4) Medical, (5) Driver's license examinations, (6) Attending court proceedings related to the offense giving rise to the suspension, (7) Attending court-ordered treatment, (8) Transporting the privilege holder's minor child to a child care provider, day-care, preschool, school, or to any other location for purposes of receiving child care, and (9) Any other purpose the court deems appropriate.

INSTRUCTIONS FOR PETITION FOR PRIVILEGES
AND/OR APPEAL OF
ADMINISTRATIVE LICENSE SUSPENSION

You may complete the Petition on our website, then print it. You may print out a blank Petition and complete it by hand. Blank Petitions are also available at the Clerk's office Civil window. It must be printed on 8 ½" by 11" paper. The Petition must be filed at the Court either by mail or in person. Follow instructions below.

You are the Petitioner/Appellant. Provide your name, full address, phone number, email address, Ohio driver license number, and your date of birth. The Respondent information is pre-printed. (Party you are filing against).

Fill in the blanks on the Petition.

1. In paragraph 1, fill in the date on which you were charged and the name of the law enforcement agency (police dept., Ohio State Patrol, etc.) that charged you.
2. In paragraph 2, check whichever box applies. If you are both appealing the suspension and requesting limited driving privileges, check both boxes.
3. At the bottom, sign your name and print your address, phone number, and email.
4. Fill in the blanks on Form A. If you do not know your OVI case number, leave that item blank. The remaining items are self-explanatory.
5. Attach written proof of current insurance.
6. If you will be driving your employer's vehicle for work, attach a written statement signed by your employer stating that you are permitted to do so.

Filing fee is \$83.00.

You will be notified in writing if the case is set for hearing. Hearings are only scheduled on Wednesday and Friday afternoons and are usually set within a few weeks after filing.

To the petitioner: It is your responsibility to make sure that you have completed the petition properly. If your petition is denied because it is incomplete, you will not receive any refund of your filing fee.

Mail to:
Medina Municipal Court
135 North Elmwood
Medina, OH 44256