

**FAIRBORN MUNICIPAL COURT  
GREENE COUNTY, OHIO  
CIVIL DIVISION**

(Petitioner's Name)	:	Case #
	:	
(Address)	:	(Date of Birth)
	:	
(City, State, Zip Code)	:	(Driver's License #)
Petitioner	:	:
v.		
BMV OF OHIO, REGISTRAR PO BOX 16520 COLUMBUS, OH 43216 Respondent	:	PETITION TO APPEAL 12 POINT SUSPENSION <b>AND / OR</b> PETITION FOR LIMITED DRIVING PRIVILEGES FOR NON- COMPLIANCE SUSPENSION

\_\_\_\_\_ Under Revised Code section 4510.037, my driver's license **is suspended** already by the BMV under a 12-point suspension. I understand that by filing this appeal, the suspension is NOT STAYED.

\_\_\_\_\_ Under Revised Code section 4510.037, my driver's license is **not yet suspended** by the BMV under a 12-point suspension. I understand that by filing this appeal, the suspension is STAYED.

\_\_\_\_\_ I am appealing the 12-point suspension for the following reason(s):

-----  
\_\_\_\_\_ I am requesting Limited Driving Privileges for a 12-point suspension.

\_\_\_\_\_ I am requesting Limited Driving Privileges for a non-compliance suspension.

I **have or have not** (circle one) petitioned another Court for limited driving privileges regarding the same suspension. If so, what court? \_\_\_\_\_

I am requesting that the Court grant limited driving privileges for the following reason:

\_\_\_\_\_ Under Revised Code section 4509.101, my driver's license is suspended by the BMV under a non-compliance suspension because I did not have required insurance.

\_\_\_\_\_ I have a current SR-22 bond.

\_\_\_\_\_ I have paid my reinstatement fees.

\_\_\_\_\_ I have **not** paid my reinstatement fees, but I am currently on a monthly payment plan through the BMV.

\_\_\_\_\_ I am requesting a reinstatement fee plan Under Revised Code section 4510.10, and requesting the Court authorize a monthly payment plan with the Bureau of Motor Vehicles with a minimum monthly payment of \$50.00.

\_\_\_\_\_ I need permission to take the driving exam, which may expire before the suspension ends.

\_\_\_\_\_ I request driving privileges for: \_\_\_\_\_ work \_\_\_\_\_ school \_\_\_\_\_ medical treatment \_\_\_\_\_ other  
\_\_\_\_\_ renew/retest

**REQUIRED DOCUMENTS:**

- 1) proof of current insurance or SR-22 bond if required by the BMV.
- 2) a letter from my employer-on-employer letterhead signed by a supervisor.
- 3) an official school schedule to prove when and where I attend class.
- 4) proof of doctor appointments or scheduled medical treatment.
- 5) proof of other appointments such as visitation, probation etc.

Respectfully Submitted,

\_\_\_\_\_  
(Petitioner's Signature)

\_\_\_\_\_  
(Petitioner's phone #)

\_\_\_\_\_  
(Petitioner's email address)