

**IN THE MUNICIPAL COURT OF FAIRBORN, OHIO
CRIMINAL/TRAFFIC DIVISION**

STATE/CITY _____

Case No. _____

v.

**MOTION FOR LIMITED
DRIVING PRIVILEGES**

Defendant's Name

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

_____ work _____ school _____ medical/treatment _____ probation _____ other

I have **attached** the following proof:

_____ current auto insurance or SR-22 bond if required by the BMV

_____ a letter or schedule from my employer stating when and where I work

_____ a school schedule to prove when and where I attend class

_____ medical appointments or scheduled treatment

_____ renew driver's license or test for Ohio driver's license

Respectfully Submitted,

Defendant's Signature

Address

City, State, Zip Code