

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

STATE OF OHIO

Case No. _____

v.

**MOTION FOR LIMITED
DRIVING PRIVILEGES**

Defendant: _____

Address: _____

License

Expiration Date: _____

I am requesting that the Court grant limited driving privileges:

Current proof of insurance or SR-22 bond showing proof that Defendant is covered (must attach a copy).

(REQUIRED EVERYTIME A CHANGE IS MADE TO PERMIT)

_____ **Work:** Name and Address of Employer: _____
Must attach a Letter or Schedule _____
On letterhead signed by Supervisor. _____
Dates and times of employment schedule: _____

_____ **School** Name and Address of School: _____
Must attach a school schedule when and where _____
classes are held _____

Defendant's classes, Dates-Times: _____

_____ **Probation/Treatment**
Name and Address of Probation/Treatment: _____

_____ **Medical** Location with Dates and Times: _____
* Proof of appointment required

_____ **Renew or Test** for Ohio drivers' License

Respectfully Submitted,

Defendant's Signature

Phone Number

Email