

**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 x 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. All petitions must be filled out in either blue or black ink.

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.
7. **DO NOT FILE THIS FORM IN THE UNDERLYING TRC (i.e., OVI) CASE. YOU MUST COMMENCE A SEPARATE CIVIL FILING.**

***FILING FEE IS \$117.00***

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  
Driving Privileges  
135 N. Elmwood Ave  
Medina, OH 44256

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

CASE NO. CVH

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**PETITION UNDER R.C. 4511.197**

**(A) APPEALING ADMINISTRATIVE  
LICENSE SUSPENSION, AND/OR  
(B) REQUESTING LIMITED DRIVING  
PRIVILEGES DURING ADMINISTRATIVE  
LICENSE SUSPENSION**

**Petitioner/Appellant, v.**

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

Date of Initial Appearance  
Or Arraignment: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Ohio Drivers Lic. No. \_\_\_\_\_

**Respondent/Appellee.**

1. On \_\_\_\_\_, 20\_\_\_\_, 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 for the court’s consideration of that request. (See Attached Form A.) Wherefore, Petitioner requests that the relief requested herein be granted.

**A filing fee** must be submitted with this form when it is filed. A person has **thirty (30) days** from the date their initial plea is entered to file an ALS appeal and/or a petition for limited driving privileges (“LDP”) under the ALS.

\_\_\_\_\_  
Attorney/Pro Se Petitioner/Appellant (Signature)

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.

PETITION CASE NO. CVHOVI CASE NO. TRC

PLEASE PRINT

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

**This privilege is not valid unless a copy of petitioner's schedule/letter from employer, on company letterhead, verifying dates and times is attached.****THE BELOW LISTED PRIVILEGES WILL BE INCLUDED WITH YOUR DRIVING PRIVILEGES**

Travel to and from home for: Work; Probation Appointments; BMV; School/College; Drug/Alcohol Testing; AA/MADD Meetings; Court Appearances; Substance Abuse Assessments and/or Treatment; Interlock Appointments; Court Ordered Child Visitation; Child Care-to and from child care facility or school only; Community Service Work; Religious Services; Medical and dental purposes for self/dependents (You must carry proof of schedule and appointments on person) and gasoline purchases for vehicle on way to/from work.

**ANY REQUEST FOR ADDITIONAL PRIVILEGE(S) IS SUBJECT TO REVIEW AND MAY OR MAY NOT BE GRANTED BY THE JUDGE /MAGISTRATE**

PURPOSE	DESTINATION NAME/ADDRESS	DAYS OF THE WEEK

**YOU MAY SELECT ONE, 4 HOUR BLOCK, ONE DAY OF THE WEEK FOR GROCERIES/BANKING**

GROCERIES/BANKING	SU MO TU WE TH FR SA CIRCLE ONE	4 HOUR BLOCK ____ TO ____
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