

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

**Petitioner**

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

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

\_\_\_\_\_  
Petitioner's Email: \_\_\_\_\_

Petitioner's Phone No.: \_\_\_\_\_

Ohio Driver's License No.: \_\_\_\_\_

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

**Petition for Limited Driving  
Privileges – FRA/Non-compliance suspension**

1. Petitioner resides within the jurisdiction of the Medina Municipal Court.
2. Petitioner is currently under a Financial Responsibility Act (FRA) suspension. A copy of this suspension notice is attached.
3. Petitioner has proof of current financial responsibility. A copy of the proof is attached.
4. Petitioner has paid the Ohio Bureau of Motor Vehicles (BMV) the financial responsibility reinstatement fee. A copy of the receipt is attached.
5. Petitioner has voluntarily surrendered his/her driver's license to the Ohio BMV, or has paid the Ohio BMV a financial responsibility nonvoluntary compliance fee.
6. Petitioner has filed with the Ohio BMV *current* proof of financial responsibility. Proof of this filing is attached.
7. Petitioner asks this Court to grant limited driving privileges. Petitioner understands that this request does **NOT** stay the FRA suspension.
8. Petitioner agrees to pay any court costs associated with the filing of this petition.

Wherefore, Petitioner asks to be granted limited driving privileges as determined appropriate by the Court.

Signature: \_\_\_\_\_

(Attorney/*pro se*)

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

\_\_\_\_\_  
Email: \_\_\_\_\_

PETITION CASE NO. \_\_\_\_\_

PLEASE PRINT

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

**Privileges Requested**

| Purpose <sup>1</sup> | Location<br>(Destination Name/Address) | Days of Week<br>(Su,M,T,W,H,F,Sa) |
|----------------------|--|-----------------------------------|
|                      |  |                                   |
|                      |  |                                   |
|                      |  |                                   |
|                      |  |                                   |

|                     |                                    |                                |
|---------------------|------------------------------------|--------------------------------|
| Groceries / Banking | Su Mo Tu We Th Fr Sa<br>Circle One | 4 Hour Block<br>_____ to _____ |
|---------------------|------------------------------------|--------------------------------|

**This privilege is not valid unless a copy of petitioner's schedule/letter from employer, on company letterhead, verifying dates and times is attached.**

<sup>1</sup> 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.

**BEFORE YOU FILE THE PETITION:  
Checklist for Petition for Limited Driving Privileges  
during Financial Responsibility Act (FRA) Suspension**

**For the court to consider your petition for limited driving privileges, you must:**

1. Reside within the jurisdiction of the Medina Municipal Court. This includes the cities of Brunswick and Medina; the townships of Brunswick Hills, Chatham, Granger, Hinckley, Lafayette, Litchfield, Liverpool, Medina, Montville, Spencer, and York; and the villages of Chippewa Lake and Spencer.
2. Pay the filing fee for this petition. \$112.00
3. Have a written notice of suspension.
4. Have written proof of *current* financial responsibility (e.g., financial responsibility identification card, insurance card, certificate of insurance, bond).
5. Have a written receipt that you have paid the Ohio Bureau of Motor Vehicles (BMV) the financial responsibility reinstatement fee.
6. Have voluntarily surrendered your driver's license to the Ohio BMV, or have paid the Ohio BMV a financial responsibility nonvoluntary compliance fee.
7. Have written proof that you have filed with the Ohio BMV *current* proof of financial responsibility.

**The court has no authority to grant driving privileges if this is your 3<sup>rd</sup> FRA/Non-compliance suspension within 5 years.**

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

**INSTRUCTIONS FOR PETITION FOR PRIVILEGES**  
**FRA 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. It must be printed on 8 ½" by 11" paper. The Complaint must be filed at the Court either by mail or in person. Follow instructions below.

**You are the Petitioner.** Provide your name, full address, phone number, your Ohio driver license number, and your date of birth.

The **Respondent** information is pre-printed. (Party you are filing against).

On page 2 of the Petition, sign your name and print your address and phone number.

Staple copies of the following items to the **Petition**:

1. Your FRA suspension notice.
2. Proof of current financial responsibility (insurance).
3. Reinstatement fee payment receipt.
4. Written proof that Petitioner has filed proof of current financial responsibility (insurance) with the Ohio Bureau of Motor Vehicles.

At the bottom, sign your name and print your address and phone number.

Fill in the blanks on the **Information Needed to Obtain Driving Privileges**. Each item is self-explanatory.

**Filing fee is \$112.00.**

**Hearings are scheduled a minimum of 6 weeks after the date the Petition is filed.**

**Hearings are only scheduled on Wednesday and Friday afternoons.**

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