

**IN THE CHARDON MUNICIPAL COURT  
GEAUGA COUNTY, OHIO**

\_\_\_\_\_  
**Name of Petitioner**

COURT CASE NO. \_\_\_\_\_

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City/State/Zip**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**License No.**

\_\_\_\_\_  
**SSN ( LAST 4 DIGITS ONLY).**

\_\_\_\_\_  
**DOB**

**VS.**

REGISTRAR,  
BUREAU OF MOTOR VEHICLES

Driver's License Division  
P.O. Box 16520  
Columbus, OH 43266-0020

\_\_\_\_\_  
**BMV Case No.**

- 12 POINT SUSPENSION APPEAL PETITION  
R.C. 4510-.037 (G) - **\$85.00 FEE**
  
- FINANCIAL RESPONSIBILITY SUSPENSION R.C. 4509.101  
PETITION FOR LIMITED DRIVING  
PRIVILEGES - **\$85.00 FEE**
  
- (CLASS C – 1 YEAR SUSPENSION)  
– 2ND VIOLATION IN FIVE YEARS (AFTER 15 DAYS)
  
- (CLASS B – 2 YEAR SUSPENSION)  
– 3RD VIOLATION IN FIVE YEARS (AFTER 30 DAYS)
  
- PETITION FOR EXTENSION OF TIME (**180 DAYS**) TO  
PAY RESTATEMENT FEES - **\$85.00 FEE**  
R.C. 4510.10(D)(2) (NO CURRENT SUSPENSION)
  
- REINSTATEMENT FEE PLAN R.C.4510.10 (D)(1) - **\$85.00 FEE**  
**PAYMENTS OF NOT LESS THAN \$50.00 PER MONTH**  
(UNDER CURRENT SUSPENSION)
  
- OUT-OF-STATE DRUG OFFENSE SUSPENSION R.C.4510.17  
PETITION FOR LIMITED DRIVING  
PRIVILEGES - **\$85.00 FEE**

I am requesting occupational driving privileges. I have attached proof of employment showing the location of my employer(s), hours and days of employment. Or I am requesting driving privileges for educational, vocational, medical, or other reasons. I have attached a schedule showing the specific purpose, location, date, and times that driving privileges are needed.

I have paid all reinstatement fees and filed proof of insurance with the BMV.

I have not paid my reinstatement fees and request a payment plan of \$\_\_\_\_\_per month until the fee is paid in full.

**This information is true to the best of my knowledge and I have attached proof of financial responsibility.**

PETITIONER \_\_\_\_\_

WITNESSED \_\_\_\_\_  
NOTARY/DEPUTY CLERK