# IN THE CLEVELAND MUNICIPAL COURT CUYAHOGA COUNTY, OHIO

CITY OF CLEVELAND, Plaintiff	) CASE NO	
1 14111111	)	
-VS-	) )	
Defendant	)	
DOB: DLN:	) MOTION FOR LIMITED DRIVING PRIVILEGES	
The Defendant was convicte	d of an offense and received a court-impose	ed suspension
from Cleveland Municipal Court. Th	ne defendant's driving license is suspended	until
(date). The defend	lant is requesting limited driving privileges.	The defendant
understands that before the Court ma	ay consider granting limited driving privile	ges, the
Defendant must do the following:		
1.) Pay any outstanding fine	s and court costs;	
2.) Clear all outstanding war	rants;	
3.) Be in compliance with al	l terms of probation;	
4.) Present proof of employr	ment (Letter from employer verifying work	schedule);
5.) Present proof of insurance	re/financial responsibility.	
	Respectfully submi	tted,
	Name (Please print	)
	Signature	Date
	Address	
	City State	e Zip
	Cell Phone #	
	Email Address	

#### **CLEVELAND MUNICIPAL COURT**

#### **DRIVING PRIVILEGES CHECKLIST**

IN SUPPORT OF THE APPEAL AND/OR PETITION FOR LIMITED DRIVING PRIVILEGES, PLEASE SUPPLY THE FOLLOWING INFORMATION AND SUBMIT THE REQUIRED LIST OF DOCUMENTS. SUBMISSION OF THESE DOCUMENTS ELECTRONICALLY OR BY FILING THEM WITH THE CLERK OF COURTS WILL ENABLE A MAGISTRATE OR JUDGE TO CONSIDER YOUR REQUEST FOR LIMITED DRIVING PRIVILEGES. ALL APPELLANTS MUST APPEAR IN PERSON FOR ALL HEARINGS.

NAME:	CASE NUMBER:	
CURRENT ADDRESS:		
HOME PHONE NO.:	CELL PHONE NO.:	
E-MAIL ADDRESS		
DATE OF BIRTH:/		
REASON(S) DRIVING PRIVILEGES ARE NEEDED:		
NAME, ADDRESS AND PHONE OF <u>EMPLOYER</u> :		
YOUR WORK DAYS AND HOURS:		
DRIVE TIMES BETWEEN HOME & WORK:		
SECOND EMPLOYER NAME, ADDRESS AND PHONE	:	
YOUR WORK DAYS AND HOURS:		
DRIVE TIMES BETWEEN HOME & WORK:		
SCHOOL OR DAYCARE:		
DAYS AND TIMES YOU NEED TO DRIVE:		
COURT OBLIGATIONS:		
DAYS AND TIMES YOU NEED TO DRIVE:		
MEDICAL OR CAREGIVER:		
DAYS AND TIMES YOU NEED TO DRIVE:		

## **CLEVELAND MUNICIPAL COURT**

### **DRIVING PRIVILEGES CHECKLIST**

CHURCH OR RELIGIOUS SERVICES:
DAYS AND TIMES YOU NEED TO DRIVE:
OTHER REASONS (e.g., grocery shopping, child activities or visitation, etc.):
DOCUMENTS REQUIRED TO BE SUBMITTED:
1. PROOF OF FINANCIAL RESPONSIBILITY (LIABILITY INSURANCE) (provide one of the following):
-Insurance card OR -SR22 Bond OR -Letter from Insurance agent with dates of coverage
2. PROOF OF EMPLOYMENT (provide one of the following):
-Letter from employer(s) verifying work schedule OR -Copy of recent pay stub from employment OR -Copy of work schedule OR -Copy of work badge
3. PROOF OF SCHOOL ATTENDANCE (provide one of the following):
-Copy of driver's class schedule OR -Copy of child's school or daycare schedule
OR -Proof of attendance (report card, letter from school or daycare official)
4. PROOF OF COURT OBLIGATIONS (provide one of the following):
- Copy of court order OR -Copy of booklet showing attendance at AA meetings
OR -Copy of proof of attendance at classes as a condition of probation
5. PROOF OF MEDICAL/CAREGIVER:
-If driver must drive for medical treatment or act as a caregiver: (please provide one of the following):
- Doctor's order OR –Medical appointment card OR – Medical appointment letter

OR - Doctor's letter indicating elderly or disabled family member needs assistance.