

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 EMPLOYER: _____

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: _____

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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.