

HARRISON COUNTY COURT

Harrison County Courthouse
100 West Market Street, Dept. 105
Cadiz, Ohio 43907-1132
Phone: (740) 942-8865

APPLICATION FOR LIMITED DRIVING PRIVILEGES INFORMATION SHEET

You may be eligible to apply for limited driving privileges which would allow you to drive while under an Administrative License Suspension (ALS) or a Court Suspension in this case only and while driving in Ohio only. To be considered for limited driving privileges you must meet the following conditions:

- A. You must have a current Ohio Driver's License
- B. You must have proof of insurance
- C. You must not have any other suspensions on your record
- D. You must demonstrate a specific need to be allowed to drive

If you desire to apply for limited driving privileges, please complete the attached Application for Limited Driving Privileges and return to the Court with the following information:

- Proof of insurance on the vehicle you will be operating during your suspension period and SR 22 Bond if applicable.
- The attached Application and Employer Exception Notification. **Do not leave any section blank.** Mark **N/A** if not applicable.
- Proof of employment on company letterhead, including your work schedule. Or, if you are self-employed, your last tax statement or business license.
- Proof of restricted plates being obtained and/or installation of an ignition interlock, if so ordered by the Court.
- Proof of current enrollment in school or a current class schedule for educational purposes.
- For medical privileges, you must carry proof of the medical appointment or show proof of the medical necessity.
- \$75.00 filing fee.** (This is a one-time filing fee and is non-refundable.)

Driving privileges are a privilege, not a right. Driving privileges are not guaranteed and are not processed in one day. Please allow three (3) to five (5) business days from the date of filing the limited driving privileges application for the court to review your driving record and obtain all other necessary information to make an informed decision. If you are granted limited driving privileges, they will be granted for a period of no more than ninety (90) days and you will be required to carry the written privileges with you at all times. Please note if you drive outside of the stated privileges, they will be revoked by the Court.

Please note that you may apply for renewal of your privileges up to two (2) weeks prior to the expiration date. Further, note that if your application for renewal is filed untimely (on date of their expiration), the renewal may not be processed the same day.

**COURT PERSONNEL ARE NOT PERMITTED TO ASSIST YOU IN COMPLETING YOUR APPLICATION.
*** PLEASE SEEK THE ADVICE OF AN ATTORNEY IF YOU HAVE ANY QUESTIONS *****

HARRISON COUNTY COURT - APPLICATION FOR LIMITED DRIVING PRIVILEGES

Please complete the following information and sign below.

All required documents must be submitted before the Application for Limited Driving Privileges will be accepted.

Please allow three (3) to five (5) business days for application processing.

\$75.00 Filing Fee - Proof of Insurance Required

Name: _____ SSN: _____ DOB: _____
Address: _____ City: _____ State/Zip: _____
Court Case No.: _____ Driver's License No.: _____
Offense: _____

Check one: Court Suspension Effective Date: _____ Termination Date: _____
 Admin. License Suspension Effective Date: _____ Termination Date: _____

CHECK ALL THAT APPLY:

OCCUPATIONAL -

Place of Employment: _____

Address of Employment: _____

Work Days and Hours: _____

Overtime Required: Yes No If Yes, when? _____

Do you work at a location other than the employment address above? Yes No

If Yes, Work Address: _____

Are you required to drive a Company vehicle or Personal vehicle in connection with your job?

Yes No If Yes, explain: _____

EDUCATIONAL -

Name of School: _____

Address of School: _____

School Days: _____ School Hours: _____

You must carry your class schedule with you.

MEDICAL-Self **MEDICAL-Family** – *You must carry proof of appointment, doctor's order and/or prescription.*

COURT APPEARANCES **COURT ORDERED TREATMENT** – *You must carry proof of appointment.*

LICENSE EXAMINATION – *You may drive in conjunction with taking a driver's examination.*

You must carry a copy of the appointment notice.

CHILD CARE

OTHER - _____

REQUIRED DOCUMENTATION IF ORDERED BY THE COURT:

Restricted Plates Registration **Ignition Interlock Verification**

I swear that the information listed above is true and correct to the best of my knowledge.

Defendant's Signature

Date

HARRISON COUNTY COURT EMPLOYER EXCEPTION NOTIFICATION FOR DRIVING PRIVILEGES USING EMPLOYER'S MOTOR VEHICLE

I, _____
(name of employer / supervisor and position in company)
of _____ acknowledge receiving notice
(name of company)
that _____ has been charged or has been
(employee name)
convicted of operating a motor vehicle under the influence of alcohol, drugs of abuse or driving under suspension and the employee operates a vehicle owned by the company / business. I acknowledge the employee does not own the vehicle he / she will be operating in the course of his / her employment and the employee is not an owner or has any controlling interest in the company / business.

Date: _____

Signature of Employer / Supervisor

Address of Company:

Phone Number: _____

THIS DOCUMENT MUST BE FILLED OUT BY THE EMPLOYER AND RETURNED TO THE HARRISON COUNTY COURT BEFORE DRIVING PRIVILEGES WILL BE CONSIDERED.