

**LIMA MUNICIPAL COURT**

**MOTION FOR LIMITED DRIVING PRIVILEGES/MOTION TO MODIFY PRIVILEGES  
(Court or Administrative License Suspension [ALS])**

To request ALS or Court Suspension Limited Privileges, the following steps must be completed:

1. Complete the Court approved application or file on your own behalf, or through your attorney, a petition with substantially equivalent information. Provide all the information requested on the form as follows:
  - a. For employment, a letter or schedule that verifies your employment, the location and hours of employment.
  - b. For education, a schedule for the current semester that verifies your enrollment, campus address, and class times.
  - c. For medical and/or court ordered treatment, the provider's name and address, and appointment card.
  - d. For general household errands, verification that you are the only person who is able to drive at the residence.
  - e. Proof of current insurance showing that you are covered from the date you submit your request throughout the period of requested privileges. If your insurance card does not include your name then provide a copy of the declaration page from the policy that lists you as a covered driver. If you are required by the BMV to have an SR 22, you must provide a copy as your proof of coverage.
2. Complete and update contact information. The Court may need to contact you or your attorney regarding the application for Limited Driving Privileges so a current phone number (or email) where you can be immediately reached is very helpful. If no phone number is available then an address will be used and you will be contacted through regular first class U.S. Mail.
3. A Twenty Dollar (\$20.00) filing fee must accompany the Court's approved application. If you cannot afford the filing fee and can swear to the facts contained in the Court's Affidavit of Indigency form then the fee may be waived.

**IF YOU ARE GRANTED LIMITED DRIVING PRIVILEGES YOU ARE REQUIRED TO CARRY THE WRITTEN PRIVILEGES WITH YOU AT ALL TIMES. IF THE COURT REQUIRES ADDITIONAL INFORMATION SUCH AS YOUR WORK, SCHOOL, OR MEDICAL APPOINTMENT SCHEDULES THOSE MUST BE WITH YOU AT ALL TIMES DURING OPERATION OF A MOTOR VEHICLE.**

**REMEMBER, THESE ARE PRIVILEGES, NOT A RIGHT, AND IF YOU DRIVE OUTSIDE OF THE STATED PRIVILEGES THEY WILL BE REVOKED BY THE COURT.**

IN THE LIMA MUNICIPAL COURT

STATE OF OHIO

Plaintiff,

VS.

CASE No. \_\_\_\_\_

MOTION FOR LIMITED/MODIFIED DRIVING  
PRIVILEGES (ALS/COURT SUSPENSION)

\_\_\_\_\_  
(Your Name)

Defendant/Applicant

Applicant's Current Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Proof of Insurance attached: Yes/No (Circle one)

Are you the only member of your household with a license? Yes/No (Circle one)

Employer Name: \_\_\_\_\_

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

Employer Phone #: \_\_\_\_\_

Normal Days and Hours of Work:

\_\_\_\_\_  
\_\_\_\_\_

(Attach Schedule with your name or Letter from Employer)

School Name: \_\_\_\_\_

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

Class Times:

\_\_\_\_\_  
\_\_\_\_\_

(Attach Current Class Schedule that includes your name)

Court Ordered or Medical Treatment Provider Name and Address:

\_\_\_\_\_  
\_\_\_\_\_

The undersigned certifies the information herein is true this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

X \_\_\_\_\_

Signature of Defendant

Signature of Attorney

Defendant Phone Number: \_\_\_\_\_ Attorney ID: \_\_\_\_\_

Defendant's Email: \_\_\_\_\_

\_\_\_\_\_