

# GARFIELD HEIGHTS MUNICIPAL COURT

5555 Turney Road, Garfield Heights, Ohio 44125

## Application for Limited Driving Privileges

**PRINT LEGIBLY.** If the form cannot be read or the information is not accurate or complete, the application may be denied. **If more than one employer, school, AND/OR treatment, you must complete a separate application for each.**

### **REQUIRED DOCUMENTS:**

- 1) **PROOF** of insurance/financial responsibility for period of suspension or 6 months, whichever is less, **from the date of this request.**
- 2) **PROOF OF PAYMENT** of insurance/financial responsibility for period of suspension or 6 months, whichever is less, **from the date of this request.**
- 3) Letter from employer, **on company letterhead**, verifying days and hours of work.
- 4) Copy of **chemical dependency assessment** if you are applying for privileges on an **OVI** suspension.

Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Social security #: \_\_\_\_\_

Type of Suspension:  DUI/OVI Susp  Non-compliance (Insurance)  12 Pt Susp  Other: \_\_\_\_\_

#### **1) Occupational Purposes:**

Employer's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer's address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip code: \_\_\_\_\_

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
<b>Start</b> (when you leave your house)							
<b>End</b> (when you get home)							

#### **2) Education & Vocational Purposes:**

School name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Provider's address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip : \_\_\_\_\_

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
<b>Start</b> (when you leave your house)							
<b>End</b> (when you get home)							

#### **3) Medical AND/OR Court Ordered Treatment Purposes:**

Provider name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Provider's address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Reason for treatment: \_\_\_\_\_

#### **Note:**

- 1) **Have you filed an application for Driving Privileges in any other court within the last 6 months?**  Y  N
- 2) **Are you requesting a reinstatement fee plan?**  Y  N
- 3) **Do you need permission to take your driving exam, which may expire before your suspension is completed?**  Y  N

Application must be accompanied by above required documents and court costs payment found in the schedule of costs on this website: [www.ghmc.org](http://www.ghmc.org).

**Checks to be made payable to: Garfield Heights Municipal Court.**