

# 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 with Judge Nicastro.

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Type of suspension: \_\_\_\_\_ (eg. Non-Compliance, OVI, 12 Point)

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

Employer's name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
<b>Start</b> (include travel time)							
<b>End</b> (include travel time)							

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

School name: \_\_\_\_\_

School's Address: \_\_\_\_\_

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
<b>Start</b> (include travel time)							
<b>End</b> (include travel time)							

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

Provider's name: \_\_\_\_\_

Provider's Address: \_\_\_\_\_

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.**