

**IN THE MIAMI COUNTY MUNICIPAL COURT
TROY, OHIO**

State of Ohio
Plaintiff

vs

Defendant

Case No. _____
SSN _____ DOB _____
DL# _____
Date of Offense _____
Phone No. _____

**PETITION FOR LIMITED DRIVING PRIVILEGES
(ORC 4510.021)**

The Court grants limited driving privileges to the above offender from _____ to _____, for the following purpose(s). *(The following MUST be filled out completely):*

Occupational (Offender may drive to and from work and during work if the job requires driving.)

Employer: _____

Address: _____ Phone: _____

Monday	From	To	Tuesday	From	To	Wednesday	From	To
Thursday	From	To	Friday	From	To	Saturday	From	To
Sunday	From	To						

Monday	From	To	Tuesday	From	To	Wednesday	From	To
Thursday	From	To	Friday	From	To	Saturday	From	To
Sunday	From	To						

Court Ordered Treatment

Facility: Miami County Municipal / Municipal Probation

Address: ***As Scheduled*** Phone: _____

Monday	From	To	Tuesday	From	To	Wednesday	From	To
Thursday	From	To	Friday	From	To	Saturday	From	To
Sunday	From	To						

Medical

Medical Office / Facility: _____

Address: _____ Phone: _____

Monday	From	To	Tuesday	From	To	Wednesday	From	To
Thursday	From	To	Friday	From	To	Saturday	From	To
Sunday	From	To						

Vocational / Job Training Program

Program: _____

Address: _____

Phone: _____

Monday	From	To	Tuesday	From	To	Wednesday	From	To
Thursday	From	To	Friday	From	To	Saturday	From	To
Sunday	From	To						

Other

Facility: _____

Address: _____

Phone: _____

Monday	From	To	Tuesday	From	To	Wednesday	From	To
Thursday	From	To	Friday	From	To	Saturday	From	To
Sunday	From	To						

Other

Facility: _____

Address: _____

Phone: _____

Monday	From	To	Tuesday	From	To	Wednesday	From	To
Thursday	From	To	Friday	From	To	Saturday	From	To
Sunday	From	To						

Other

Facility: _____

Address: _____

Phone: _____

Monday	From	To	Tuesday	From	To	Wednesday	From	To
Thursday	From	To	Friday	From	To	Saturday	From	To
Sunday	From	To						

Other

Employer: _____

Address: _____

Phone: _____

Monday	From	To	Tuesday	From	To	Wednesday	From	To
Thursday	From	To	Friday	From	To	Saturday	From	To
Sunday	From	To						

Other

Employer: _____

Address: _____

Phone: _____

Monday	From	To	Tuesday	From	To	Wednesday	From	To
Thursday	From	To	Friday	From	To	Saturday	From	To
Sunday	From	To						

Other

Employer:

Address:

Phone:

Monday	From	To	Tuesday	From	To	Wednesday	From	To
Thursday	From	To	Friday	From	To	Saturday	From	To
Sunday	From	To						

Other

Employer:

Address:

Phone:

Monday	From	To	Tuesday	From	To	Wednesday	From	To
Thursday	From	To	Friday	From	To	Saturday	From	To
Sunday	From	To						

The offender wishes to drive from his/her residence at _____
to the location(s) approved above and return to his/her residence during the days and hours specified above.

Special Instructions: The offender should maintain proof of financial responsibility (insurance) plus: _____

Interlock Device Required: YES NO

Restricted Plates are required in order to exercise these privileges: YES NO

The effective date of these Limited Driving Privileges is: _____

Date

Petitioner

ENTRY

The above Petition is hereby approved and limited driving privileges are hereby granted as set forth above.

Date

Judge / Magistrate