

IN THE SOUTH EUCLID MUNICIPAL COURT
 1349 South Green Road, South Euclid, Ohio 44121
 (216) 381-2880

APPLICATION FOR LIMITED DRIVING PRIVILEGES

(ALS/OVI COURT SUSPENSION)

- 1) COMPLETE THIS APPLICATION AND FILE IT WITH THE COURT.**
2) SHOW PROOF OF INSURANCE WHICH MUST BE MAINTAINED THOUGHOUT THE PERIOD OF THE PERMIT.

NAME: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____
 PHONE: _____
 CASE NO.: _____

- 3) NOTE: PERMIT WILL BE GRANTED FOR NO MORE THAN 5 DAYS/WEEK AND NO MORE THAN 12 HOURS/DAY.**

PLACE OF EMPLOYMENT: _____
 STREET ADDRESS: _____
 CITY, STATE, ZIP: _____

	SUN	MON	TUE	WED	THU	FRI	SAT
(FROM)	a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.
(TO)	a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.

PLACE OF EMPLOYMENT: _____
 STREET ADDRESS: _____
 CITY, STATE, ZIP: _____

	SUN	MON	TUE	WED	THU	FRI	SAT
(FROM)	a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.
(TO)	a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.

OTHER: 'Probation mtgs. 'D.I.P. Program 'Alcohol Treatment
 'AA 'Other: _____

 APPLICANT'S SIGNATURE DATE

- 4) THE FOLLOWING FEE IS DUE UPON FILING OF THIS APPLICATION:**

9 \$75.00
9 \$80.00 (Ignition Interlock Required.)