

SOUTH EUCLID MUNICIPAL COURT



JUDGE
TIMOTHY R. STERKEL

CLERK OF COURT
EVAN SZIRONY

APPLICATION TO APPEAL SUSPENSION OF DRIVER'S LICENSE AND/OR FOR LIMITED DRIVING PRIVILEGES

Date Filed: _____ Case(s) No.: _____

- 12 POINTS SUSPENSION APPEAL
- NON-COMPLIANCE SUSPENSION (Driving without insurance)
- REINSTATEMENT FEE PLAN

Dates of Suspension

Reasons for requesting consideration of this appeal and/or reasons for
requesting limited driving privileges: (Please print legibly)

Name: _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ___/___/___ Best Day Time Phone Number: (___) _____

Driver's License No: _____ Social Security No: _____

\$150.00 FILING FEE IS REQUIRED UPON THE FILING OF THIS APPLICATION

YOU MUST APPEAR AT THE SOUTH EUCLID MUNICIPAL COURT FOR A
HEARING ON THIS APPEAL ON _____, 20____ AT _____ AM/PM

SIGNATURE OF APPLICANT: _____

(Complete the attached schedule for limited driving privileges)

SOUTH EUCLID MUNICIPAL COURT 1349 S. GREEN RD., SOUTH EUCLID, OHIO 44121

PH: 216.381.2880

FAX: 216.381.1195

APPLICATION FOR LIMITED DRIVING PRIVILEGES (ALS/OVI COURTSUSPENSION)

Complete this application and file it with the Court and show proof of insurance, which must be maintained throughout the period of the limited driving permit.

NAME _____ CASE NO. _____ PH _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

PLEASE NOTE LIMITED DRIVING PERMIT WILL BE GRANTED FOR NO MORE THAN 5-6 DAYS PER WEEK AND NO MORE THAN 8-12 HOURS PER DAY.

NAME OF EMPLOYER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

	Sun	Mon	Tues	Wed	Thurs	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.

NAME OF EMPLOYER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

	Sun	Mon	Tues	Wed	Thurs	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 Meetings _____ D.I.P. Program _____ Alcohol Treatment _____ AA _____ Other _____

Applicant Signature _____ Date _____

The following fee is due upon filing of this application: _____ \$150.00 or _____ \$80.00 (Ignition Interlock Required)



JUDGE
Timothy Stentel

CLERK OF COURT
Evan Schromy

Driving Privileges Checklist

- LIMITED DRIVING PRIVILEGES APPLICATION
 - Make sure Both Pages are Filled Out Completely & Signed

- PROOF OF CURRENT INSURANCE

- PROOF OF EMPLOYMENT
 - Examples: Letter from Employer on Employer's Letterhead; Paystubs; Schedule; Proof of Self Employment (Tax Forms)

- PROOF OF SCHOOL ENROLLMENT
 - Copy of Class Schedule

- BMV REINSTATEMENT LETTER
 - Obtain at any BMV or online at www.bmv.ohio.gov.