

# SOUTH EUCLID MUNICIPAL COURT



JUDGE  
TIMOTHY R. STERKEL

CLERK OF COURT  
EVAN SZIRONY

## APPLICATION FOR DRIVING PRIVILEGES CHECKLIST

- LIMITED DRIVING PRIVILEGES APPLICATION**  
Make sure application and schedule are complete and signed
- PROOF OF CURRENT VEHICLE INSURANCE**
- PROOF OF EMPLOYMENT**  
Examples: Letter from employer on letterhead; Paystubs; Work schedule; Proof of self-employment (tax forms)
- PROOF OF SCHOOL ENROLLMENT**  
Copy of class schedule
- BMV REINSTATEMENT LETTER**  
Obtain at BMV or online at [www.bmv.ohio.gov](http://www.bmv.ohio.gov)
- \$150 FILING FEE**  
**This is non-refundable. It is YOUR obligation to make sure you do not have any warrant blocks or suspensions from other courts which would prevent you from getting driving privileges.**

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

Date Filed: \_\_\_\_\_ Case(s) No.: \_\_\_\_\_

- 12 POINTS SUSPENSION APPEAL
- NON-COMPLIANCE SUSPENSION (Driving without insurance)
- CHILD SUPPORT SUSPENSION
- JUDGMENT SUSPENSION
- SOUTH EUCLID MUNICIPAL COURT ORDERED SUSPENSION
- 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: \_\_\_/\_\_\_/\_\_\_ Phone Number: (\_\_\_) \_\_\_\_\_

Driver's License No: \_\_\_\_\_ Social Security No: \_\_\_\_\_

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

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 linked 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.						
To	a.m./p.m.						

NAME OF EMPLOYER \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
From	a.m./p.m.						
To	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)