

PAINESVILLE MUNICIPAL COURT
Lake County, Ohio

Motion for Limited Driving Privileges

Full Name_____

Residence Address_____

(Area Code) and Phone Number (_____) _____

S.S.N._____

Type of Suspension_____

Complete the following for each type of privilege requested.

1. Employment:

Employer's Name and Telephone Number_____

Employer's Address_____

Days and hours of work_____

2. Education:

School Name and Telephone Number_____

School's Address_____

Days and hours of school_____

3. Medical Treatment:

Provider Name and Telephone Number_____

Provider's Address_____

Reason for Treatment_____

The following documents must be attached to this application or the application will be denied.

1. Proof of insurance/financial responsibility for period of suspension or 6 months, whichever is less
2. Proof of payment for insurance/financial responsibility for period of suspension or 6 months, whichever is less
3. Letter from employer verifying days and hours of work.

Application must be accompanied by court costs payment of \$20.00.
Checks to be made payable to the Painesville Municipal Court.