

REQUEST FOR REINSTATEMENT FEE PLAN

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

SS# _____ DOB _____

DRIVER'S LICENSE NUMBER _____

CASE NUMBER: _____

TYPE OF SUSPENSION:

FRA 12-POINT NON-COMPLIANCE OTHER

PLACE OF EMPLOYMENT: _____

RATE OF PAY: _____

REASON FOR REQUEST: _____

PAYMENT PER MONTH: (Not less than \$50.00/month)

DEFENDANT MUST PROVIDE BMV FORM #2006 (May obtain by calling BMV Phone Center at 614-752-7600)

Defendant Signature