

Bellefontaine Municipal Court
226 West Columbus Avenue
Bellefontaine, OH 43311
REQUEST FOR DRIVING PRIVILEGES WORKSHEET

Name: _____

Case No. _____

Address: _____

Employer Name: _____

City: _____

Employer Address: _____

State: _____ Zip: _____

State: _____ Zip: _____

Phone: _____

Employer Phone: _____

Travel Time from Home to Work: _____

I work the following schedule:

DAYS OF THE WEEK	STARTING TIME (Specify AM or PM)	QUITTING TIME (Specify AM or PM)
MONDAY	_____	_____
TUESDAY	_____	_____
WEDNESDAY	_____	_____
THURSDAY	_____	_____
FRIDAY	_____	_____
SATURDAY	_____	_____
SUNDAY	_____	_____

I drive during the course of my employment: YES _____ NO _____

I need other driving privileges for the following necessities:

- *If granted, privileges for household necessities will be limited to three (3) hours, one (1) day a week, within your residential county.*

PURPOSE	LOCATION ADDRESS	DATE(S)	TIME(S)

If filing for other driving privileges for necessities, please state the reason why it is **necessary** for you to drive:

When filing this request, the court also needs:

- A letter from your employer on company letterhead, stating the days and times you work.
- Current proof of insurance covering until the end of your suspension.

 Defendant's Signature

 Date