

**Bellefontaine Municipal Court  
226 West Columbus Avenue  
Bellefontaine, OH 43311**

**REQUEST FOR DRIVING PRIVILEGES WORKSHEET**

Name: \_\_\_\_\_

Case No. \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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 in the course of my employment:

YES \_\_\_\_\_

NO \_\_\_\_\_

I need other driving privileges for the following necessities:

**PURPOSE**

**LOCATION**

**DATE(S)**

**TIME(S)**

PURPOSE	LOCATION	DATE(S)	TIME(S)

**When filing this request, the court also needs**

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

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date