

**IN THE COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION
MEDINA COUNTY, OHIO**

STATE OF OHIO, EX REL.

_____))
NAME))
_____))
ADDRESS))
_____))
CITY, STATE, ZIP))
_____))
TELEPHONE))
 Obligor / **Obligee**))
vs./and))
_____))
NAME))
_____))
ADDRESS))
_____))
CITY, STATE, ZIP))
_____))
TELEPHONE))
 Obligor / **Obligee**))

CASE NO.

JUDGE MARY KOVACK

**REQUEST FOR LIMITED
DRIVING PRIVILEGES**
(To be submitted to Court's Confidential File)

Obligor's date of birth: _____
Obligor's social security number: _____
Obligor's driver's license number or ID number: _____

The **Obligor** in this action requests that the Court grant limited driving privileges for the following occupational, educational, medical, and/or parenting time purpose(s) **[check all that apply]**:

OCCUPATIONAL:

Check here if you are unemployed and are asking for driving privileges to seek employment.
In what geographic area will you be seeking employment? _____

Check here if you are employed.

Job title: _____ Employer: _____
Employer's address: _____
Supervisor's name: _____ Phone #: _____
Work schedule: Su M Tu W Th F Sa
Work hours from: _____ until _____

- Check here if you are responsible for driving your child(ren) to or from a daycare or child-care facility for work-related child-care. If yes, please provide the name and address of the facility below:

Please check the day(s) of the week on which you transport your child(ren) for work-related child-care:

Su M Tu W Th F Sa

EDUCATIONAL:

Educational Institution: _____

Address: _____

Program/Major: _____

Advisor's phone: _____

Advisor's email: _____

Course #1 [_____] schedule: Su M Tu W Th F Sa

Course #1 [_____] runs from: _____ until _____

Course #2 [_____] schedule: Su M Tu W Th F Sa

Course #2 [_____] runs from: _____ until _____

Course #3 [_____] schedule: Su M Tu W Th F Sa

Course #3 [_____] runs from: _____ until _____

MEDICAL:

Please provide a brief description of the nature of the treatment sought:

Treating physician: _____

Physician phone: _____

Treatment location: _____

Treatment days: Su M Tu W Th F Sa

Treatment runs from: _____ until _____

PARENTING TIME EXCHANGES: [Please attach a copy of the court-ordered parenting time schedule.]

Location of parenting time or location where parenting time exchanges occur:

Days Obligor must transport: Su M Tu W Th F Sa

Time(s) of the exchange(s): _____

OTHER: [e.g., therapy, treatment, court hearings, etc.]

Please explain: _____

Before the Court can grant limited driving privileges, the Obligor must provide the Court with proof of financial responsibility pursuant to R.C. Sections 4510.021(E) and 4509.45 (a certificate of insurance, financial responsibility identification card, or an SR-22 bond, available from the BMV). Proof of financial responsibility shall be provided to the Court at or before the hearing.

Signature of Obligor