PETITIC	N FOR	R WORK	(00	CCUPATIO	NAL) DR	IVING PI	RIVILEGES		
	CASE NO.:				PHONE NUMBER				
NAME:									
ADDRESS:						-			
CITY:	STATE:					ZIP:			
DRIVER LICENSE NUMBER:		DATE OF BII	RTH:	SOCIAL SECURI	TY NUMBER	CASE	UNUMBER:		
the Defendant in the above caresents a hardship and serious	ase, reques	t occupation ny ability to c	al drivi continu	ing privileges bed e my employmer	ause the suspe it and to earn a	ension of my	driver's license and all driving	privi	
am employed at:	•							,	
COMPANY NAME:						COMPANY	COMPANY TELEPHONE NUMBER:		
COMPANY ADDRESS:									
CITY:	ST			TATE:			ZIP CODE:		
Reason for Driving:	······································	<u></u>		Driving du	ring employm	ent?	YES NO	 ጋ	
f yes, state reason: work the following schedule									
Tuesday Wednesday Thursday Friday Saturday Sunday								— — — — .	
have a valid Ohio Operato suspended, revoked, or expi		se. I under	rstand	that any driving	g privileges gı	ranted are v	oid if my operator's license	is	
have automobile liability insunderstand that any driving will obey all traffic statues a his Petition or in my driving all of this information is true	ınd ordinaı status, and	nces. While d any traffic	e I hav violat	ve driving privile tion.	eges, I will imi	mediately re	y coverage during such driv port to Court any change o	∕ing. ∙n	
igned: X Defendant									
Based upon the Defendant's ontinue to financially suppo	represent	ation, it is f	ound	that the driving	suspension was are hereby:	vould seriou	sly affect Defendant's abilit	y to	
GRANTED . To and Fro						ne following	additional limited		
easons hese privileges expire:				, 20)	<u> </u>			
DENIED.		IT IS	so c	RDERED					
Dated:			20	1					
Dated:			20	JUDGE N	MARTY D. NO	SICH			

PROOF OF INSURANCE AFFIDAVIT

TRUMBULL COUNTY EASTERN DISTRICT COURT TRUMBULL COUNTY, OHIO

7130 BROOKWOOD DRIVE BROOKFIELD, OH 44403

TELPHONE:	(330) 675-7900		FAX:	(330) 675-7922
DATE OF OFFENSE:				
DEFENDANT/DRIVER:				
PROPERTY DAMAGE	OF THE VEHICLE LISTED BE AND BODILY INJURY LIABILITY	INSURANCE AS REQUIR	ED BY O	HIO
REVISED CODE SECTI	ON 4509.101? YES	NO		
NAME AND ADDRESS	OF INSURANCE COMPANY:			
NAME IN WHICH POLICE	CY WAS ISSUED:			
INSURANCE POLICY N	IO.:			
EFFECTIVE DATES FR	OM:	TO:		
DRIVER'S NAME AND	ADDRESS:			
DRIVER'S SOCIAL SEC	CURITY NUMBER:			
DRIVER'S DATE OF BII	RTH:			
OWNER'S NAME AND	ADDRESS:			
VEHICLE LICENSE PLA	ATE NO.:	STATE ISSUED:		
VEHICLE SERIAL NO.:		YEAR/MAKE VEH	CLE:	
	(SELF INSURED OR UNDE			·
	ERATE UNDER FLEET COVER ICLES? YES NO _		THE RE	GISTRAR OF
	GISTRAR ISSUED A CERTIFIC NO PERMIT NO.:			-
	YEHICLE OPERATING UNDER NO PERMIT NO.:			?? -
AND TRUE. I ABOVE LISTE	RTIFY TO THE COURT THAT THE ALSO UNDERSTAND THAT I MUS D INSURANCE POLICY BE TERM ATSOEVER, PRIOR TO THE EXPIR	IT NOTIFY THE COURT SHOU INATED OR CANCELLED, FOR	ILD THE R ANY	
DATED:	. 20			

TRUMBULL COUNTY EASTERN DISTRICT COURT TRUMBULL COUNTY

7130 BROOKWOOD DR BROOKFIELD, OH 44403

PETITION FOR WORK DRIVING PRIVILEGES AND INSURANCE AFFIDAVIT

- 1. PROOF OF INSURANCE MUST BE FILLED OUT IN FULL AND SIGNED BY INSURANCE AGENT WITH THEIR AGENT LICENSE NUMBER
- 2. PETITION FOR WORK DRIVING PRIVILEGES MUST BE FILLED OUT IN FULL BY DEFENDANT
- 3. LETTER FROM EMPLOYER
- 4. A \$50.00 FEE IS REQUIRED TO BE PAID AT THE TIME OF FILING PETITION WITH COURT
- 5. PLEASE MAKE SURE TO INCLUDE A VALID PHONE NUMBER ON THE ATTACHED PETITION, AS A CLERK WILL NOTIFY YOU REGARDING THE JUDGE'S RULING ON PRIVILEGES.