

IN THE DELAWARE MUNICIPAL COURT, DELAWARE, OHIO

State of Ohio / Petitioner

Case No. _____

Defendant / Application / Respondent

Application for Driving Privileges

The undersigned requests [] original driving privileges. [] modification of prior privileges issued in this case.

1. Applicant's Current Residence Address _____

2. Driver License # _____; Issuing state _____, Expiration date _____.

3. Dates of: Birth _____, Offense _____ Suspension _____.

4. Except for action in this case, applicant's driving privileges are valid at this time [circle one] True False

5. Employer / School information: Employer / School / Employer / School /

A. Name _____

B. Street Address _____

C. City, State Zip _____

D. Employer Telephone _____ () _____ () _____

E. Work location(s) if different from above (if you work at multiple sites describe on "other line") _____

F. Normal days and hours (do not include commute time) From To From To
Mon _____ Tues _____ Mon _____ Tues _____
Wed _____ Thur _____ Wed _____ Thur _____
Fri _____ Sat _____ Fri _____ Sat _____
Sun _____ Sun _____
Are you "on call" during other hours? Yes No

G. Commute time to/from home Minutes Minutes

5. Other _____

The undersigned certifies the information herein is true, _____, 20_____.

Atty. Regis No. _____

Defendant Attorney for Defendant Atty. Address _____

Phone _____

Use the Oval Tool under 'Tools' - 'Comment & Markup' to circle text. Select 'Properties of the oval to change color. These instructions will not print.