

DARKE COUNTY MUNICIPAL COURT  
504 SOUTH BROADWAY, SUITE 7  
GREENVILLE, OHIO 45331

Name:

Case No.:

Address:

City, State Zip:

PLAINTIFF,

VS

JUDGE JULIE L. MONNIN

Charles L. Norman  
Bureau of Motor Vehicles  
P.O. Box 16520  
Columbus, OH 45316

**COMPLAINT FOR CIVIL  
DRIVING PRIVILEGES**

DEFENDANT.

1. Plaintiff states that they received a letter from the BMV suspending their driver's license. A copy of the letter **MUST** be attached to this Complaint when filed.
2. Plaintiff requests limited driving privileges.
3. Plaintiff agrees to pay court costs of \$117.00 at the time of filing.

State of Ohio, Darke County, ss:

I, being duly sworn, say that I am the Plaintiff in this matter and that the facts stated in this complaint and application are true.

Signature of Plaintiff

Sworn to and signed in my presence on \_\_\_\_\_.

Clerk / Deputy Clerk

## **APPLICATION FOR CIVIL DRIVING PRIVILEGES**

Full Name:

DL #:

(Driver's License Number)

Phone Number:

SSN:

Email Address:

DOB:

- Copy of SR22 Insurance attached
- Copy of BMV suspension letter attached

### 1. Primary Employment:

Employer Name:

Employer Address:

Employer Phone Number:

- Attached is proof from employer on company letterhead (signed by employer) with days & hours worked, if the employee is required to drive during work hours **AND** if overtime is mandatory or volunteer based.

### 2. Secondary Employment:

Employer Name:

Employer Address:

Employer Phone Number:

- Attached is proof from employer on company letterhead (signed by employer) with days & hours worked, if the employee is required to drive during work hours **AND** if overtime is mandatory or volunteer based.

### 3. Education & Vocational Purposes:

School Name:

School Address:

School Phone Number:

- Attached is proof from school of days and hours of classes

4. Medical and/or Treatment Programs (including AA, MADD, Counseling, IOP, Aftercare):

Medical:

Outpatient Treatment:

Aftercare:

AA/MADD:

Counseling:

Other:

- Attached is proof from Medical Professional and/or Treatment agency of days & hours of treatment

5. Does another licensed driver live in your home? • Yes • No

If no, circle the day of the week and write a 3-hour timeframe below for personal errands

Mon – Tues – Wed – Thurs – Fri – Sat – Sun      Timeframe:

6. Other:

Name:

Address:

Phone Number:

Please explain: