

PORTAGE COUNTY MUNICIPAL COURT

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RAVENNA, OHIO 44266-0958
PHONE (330) 297-3635 FAX (330) 297-3526
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NAME OF PETITIONER _____ **DATE OF BIRTH** _____

ADDRESS _____ **SOCIAL SECURITY NUMBER** _____

CITY/STATE/ZIP _____ **DRIVER LICENSE NUMBER** _____

PHONE NUMBER _____

PETITION FOR LIMITED DRIVING PRIVILEGES UNDER A NON-COMPLIANCE (FRA) SUSPENSION **FEE: \$68.00**
_____ FIRST OFFENSE
_____ SECOND OFFENSE (15 DAY WAITING PERIOD REQUIRED)

PETITION FOR LIMITED DRIVING PRIVILEGES UNDER AN OUT-OF-STATE IMPOSED SUSPENSION **FEE: \$68.00**

PETITION TO ENROLL IN A REINSTATEMENT FEE PAYMENT PLAN [RC 4510(B)(1)] **FEE: \$68.00**

TOTAL REINSTATEMENT FEES OWED TO THE BMV \$ _____
AMOUNT TO BE PAID MONTHLY TO THE BMV \$ _____

IN ADDITION, I AM REQUESTING LIMITED PRIVILEGES WHILE PARTICIPATING IN THE PAYMENT PLAN.

I HAVE NOT PAID MY REINSTATEMENT FEES AND REQUEST AN EXTENSION OF UP TO 180 DAYS IN WHICH TO PAY THE REINSTATEMENT FEES.

SIGNATURE OF PETITIONER

JOURNAL ENTRY: THE PETITION HAS BEEN GRANTED

LIMITED DRIVING PRIVILEGES EFFECTIVE: _____ **TO** _____.

JUDGE, PORTAGE COUNTY MUNICIPAL COURT