

IN THE DAYTON MUNICIPAL COURT  
CIVIL DIVISION

\_\_\_\_\_  
PETITIONER'S NAME

CASE NO: \_\_\_\_\_

VS.

OHIO BUREAU OF MOTOR VEHICLES

**PETITION FOR DRIVING PRIVILEGES  
AND APPEAL OF 12 POINT SUSPENSION**

PETITIONER'S DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

PETITIONER'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

PETITIONER'S ADDRESS: \_\_\_\_\_  
Street Address, City, State & Zip

PETITIONER'S PHONE NUMBER: \_\_\_\_\_

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**PART ONE: REQUEST FOR DRIVING PRIVILEGES OR APPEAL OF 12 POINT SUSPENSION**

I ***am not*** appealing the 12 point suspension about to take affect on my driver's license.

I admit the suspension is proper, however, I would like to request driving privileges during my suspension **without a hearing.**

I ***am*** appealing the 12 point suspension about to take affect on my driver's license.

I wish to dispute the actual suspension, and would like to request a hearing to appeal the suspension and request driving privileges.

I have completed the Remedial Driving Course required by the BMV and I am submitting my "Certificate" to the court at this time.

**\*\*TURN PAGE OVER AND COMPLETE THE BACK SIDE\*\***

**Work:** \_\_\_\_\_  
 Company Name Address City, State, Zip

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
START							
END							

**(2) Work:** \_\_\_\_\_  
 Company Name Address City, State, Zip

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
START							
END							

**School:** \_\_\_\_\_  
 School Name Address City, State, Zip

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
START							
END							

**Child(ren) School:** \_\_\_\_\_  
 School Name Address City, State, Zip

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
START							
END							

**Other:** \_\_\_\_\_  
 Company Name Address City, State, Zip

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
START							
END							

**AFFIDAVIT (Petitioner must sign Affidavit at the Civil Counter)**

STATE OF OHIO, COUNTY OF MONTGOMERY, SS.:

The undersigned, first duly cautioned and sworn, and attesting that the above statements are true, deposes that I am: (please print name) \_\_\_\_\_, the Petitioner herein, and that I request the Reinstatement Fee Payment Plan and Driving Privileges because I have insufficient income or funds to pay my reinstatement fees and need driving privileges in order to acquire the funds for the Payment Plan.

**Signature of affiant/petitioner** \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
 Deputy Clerk