

**IN THE DAYTON MUNICIPAL COURT
CIVIL DIVISION**

CASE NO: _____

PETITIONER'S NAME

VS.

MOTION TO DISMISS
DRIVING PRIVILEGES AND/OR
REINSTATEMENT FEE PAYMENT PLAN

Revised 06/01/11

OHIO BUREAU OF MOTOR VEHICLES

PETITIONER'S PHONE NUMBER: _____

I would like to request that my reinstatement payment plan and/or my driving privileges be **Dismissed**. I further state that I would like to qualify for a payment plan through the BMV.

I understand that:

- My Court ordered payment plan will be dismissed;
- Any driving privileges I received through the Court will be terminated; and
- **I will have no driving privileges.**

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 that my case be dismissed so that I may seek a payment plan through the BMV.

Signature of affiant/petitioner _____

Sworn to and subscribed before me this ____ day of _____ 20____.

Deputy Clerk