

BEDFORD MUNICIPAL COURT

165 Center Road * Bedford, OH 44146
(440) 232-3420 Fax (440) 232-2510

DRIVING PRIVILEGES/PAYMENT PLAN APPLICATION

(Filing Fee \$90.00)

Name: _____ Address: _____

Phone Number: _____ Ohio Driver's License Number: _____

Date of Birth: _____ Last Four Digits of SSN: _____

TYPE OF SUSPENSION

(check all that apply)

____ Non Compliance Suspension (Defendant may not have privileges for the first 15 days for 1 year suspension and first 30 days for 2 year suspension beginning the effective date of suspension period)

____ Twelve Point Suspension

____ Warrant Block / License Forfeiture

____ Court Suspension

____ Child Support Suspension

____ ALS or OVI Suspension

____ Drug / Habitual Alcoholic Suspension

____ Judgment Suspension

____ Medical Suspension

***** The Court CANNOT GRANT privileges for the following suspensions unless imposed by this court: ALS or OVI Suspension, Court Suspension, Judgment/Security Suspension, Child Support Suspension, Drug Suspension, Habitual Alcoholic Suspension, Medical Suspension*****

BMV REINSTATEMENT PAYMENT PLAN

Do you require a payment plan on your Reinstatement Fees ? ____ Yes ____ No

Are you requesting privileges on the Payment Plan? ____ Yes ____ No

Do you require a Renew/Retest letter to retain your license or obtain plates? ____ Yes ____ No (Add. \$5.00)

THEREFORE, by filing this petition you understand and represent the following:

1. The filing fee is **NONREFUNDABLE**. Please make sure you are eligible for privileges before you pay for this petition. Filing of the petition is not a guarantee of obtaining privileges. If you are unsure as to whether you are eligible, you should contact a lawyer.
2. An SR-22 Bond is required to be maintained while the privileges are in effect
3. I reside in Cuyahoga County and/or have a pending traffic case in the Bedford Municipal Court.
4. I understand that any privileges granted beyond occupational or school privileges are the sole discretion of the Judge and/or Magistrate.
5. I understand that I will be required to show proof of employment and/or school schedule at my hearing (i.e. paystub, letter from employer, class schedule, etc.).
6. I understand I must be in compliance with all requirements of the BMV for the privileges to be effective.

By signing this Application, I hereby state that all the information herein is correct to the best of my knowledge.

APPLICANT SIGNATURE

DATE

PLEASE BE ADVISED THE DEPUTY CLERKS ARE NOT ATTORNEYS AND CANNOT GIVE LEGAL ADVICE.