

LAKWOOD MUNICIPAL COURT

12650 Detroit Ave.

Lakewood, OH 44107

Phone: (216) 529-6700

Fax: (216) 529-7687

Website: lakewoodcourtoh.com

REQUEST FOR LIMITED DRIVING PRIVILEGES

YOU MUST SUBMIT PROOF OF CURRENT INSURANCE ALONG WITH YOUR REQUEST FOR LIMITED DRIVING PRIVILEGES

Name: _____

Case No: _____

Employer Name: _____ Phone: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

COMMUNITY CONTROL OFFICER: _____

I work the following schedule:

DAYS OF WEEK	STARTING TIME	ENDING TIME
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

I drive in the course of my employment: YES _____ NO _____

Any additional privileges:

PURPOSE	LOCATION	DATE	TIME

I understand limited driving privileges will be granted conditional upon (1) all pertinent schedules must be carried with me at all times, (2) insurance must be maintained at all times, and (3) compliance with Community Control Supervision. If conditions are not met, limited driving privileges may be revoked at any time.

DEFENDANT SIGNATURE

DATE

ADDRESS

PHONE