

PAINESVILLE MUNICIPAL COURT  
Lake County, Ohio

Motion for Limited Driving Privileges

Full Name \_\_\_\_\_

Residence Address \_\_\_\_\_

(Area Code) and Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

S.S.N. \_\_\_\_\_

Type of Suspension \_\_\_\_\_

Complete the following for each type of privilege requested.

1. Employment:

Employer's Name and Telephone Number \_\_\_\_\_

Employer's Address \_\_\_\_\_

Days and hours of work \_\_\_\_\_

2. Education:

School Name and Telephone Number \_\_\_\_\_

School's Address \_\_\_\_\_

Days and hours of school \_\_\_\_\_

3. Medical Treatment:

Provider Name and Telephone Number \_\_\_\_\_

Provider's Address \_\_\_\_\_

Reason for Treatment \_\_\_\_\_

The following documents must be attached to this application or the application will be denied.

1. Proof of insurance/financial responsibility for period of suspension or 6 months, whichever is less
2. Proof of payment for insurance/financial responsibility for period of suspension or 6 months, whichever is less
3. Letter from employer verifying days and hours of work.

Application must be accompanied by court costs payment of \$30.00.  
Checks to be made payable to the Painesville Municipal Court.