

**IN THE WARREN COUNTY COURT
550 JUSTICE DRIVE
LEBANON, OHIO 45036**

(NAME)

(ADDRESS)

(CITY) (STATE) (ZIP)

DOB _____
SSN _____
BMV CASE NO. _____

PETITIONER

-VS-

**STATE OF OHIO
BUREAU OF MOTOR VEHICLES
MVDIP
1970 West Broad Street
P.O. Box 16520
Columbus, Ohio 43216-6520**

PETITION –FRA SUSPENSION

Now comes the Petitioner, _____ and hereby petitions the Court pursuant to ORC 4510.021 of the Ohio Revised Code for occupational /family needs driving privileges. Defendant has been placed under suspension from _____ to _____ for failure to provide proof of insurance.

Petitioner agrees to pay the costs of the proceedings and can demonstrate that the suspension described in the attached Notice received from the Bureau of Motor Vehicles (exhibit "A" attached) would seriously affect Petitioners ability to employment and engage in other substantial family needs and duties. Thus, according to Statute , Petitioner is entitled to driving privileges during the period during which the suspension otherwise would be imposed.

Whereas, the Petitioner moves this Court to provide him/her with occupational /family needs driving privileges during the period of the suspension.

Date

Petitioner signature

Phone # _____