

**HAMILTON COUNTY MUNICIPAL COURT**  
**Instructions to file for driving privileges -Please Read**

**BMV 12 Point Suspension/ with reinstatement fee payment plan (if required)**  
**Petition for Driving Privileges**  
**Ohio Revised Code 4510.037-4510.038/4510.021**

Your Ohio Driver License has been suspended for a period of one (1) to six (6) months for accumulating 12 points on Ohio BMV driving record within a 2-year period.

**THE FILING FEE IS \$116.00**

Prior to filing for these driving privileges, the following must be completed & filed with Ohio BMV driving record. You will not be permitted to file if you have any open warrants and/or out of state suspensions:

- 8-hour remedial driving course given by an accredited remedial driving school.
- File FRA (financial responsibility) Insurance (SR-22 or Bond).
- Pay the BMV Reinstatement fee of \$40.00

1. **Hamilton County residents** may file at the Hamilton County Court House, 1000 Main St., Room 167 between the hours of 8:00 am – 11:00 AM or 1:00 PM - 3:00 PM. Upon arrival, sign in at the front desk and hand in this completed form. Your BMV record will be checked to determine if you are eligible to file.
2. If eligible; you will get a Pre-Screen report to take to room 115 in the Court House to file your motion, pay the filing fee of \$116.00 and get your court date. (Approximately 2 weeks away)
3. **On the day of court, you must present** your current proof of insurance, proof of employment, school schedules and any other documents for which you are applying for privileges.

**If you fail to show these documents, you will be denied.**

If granted, you **must** take the Court Order driving privileges to the Ohio BMV to be recorded on your driving record. At that time, you will be cleared to complete the written & driving test. Once testing is passed you may drive with court order driving privileges.

The driving privileges that have a fee payment plan are only valid as long as a minimum \$50.00 monthly payment is made & financial responsibility is maintained. If you stop paying or receive a new suspension, the driving privileges will be voided and you may not drive.

**Application form is on the reverse side of this document**

**You may only file for Occupational, Educational, Vocational and/or Medical purposes**

Complete the following information:

Your name: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Your **Employer, address, days & hours worked:** \_\_\_\_\_

---

---

---

---

---

---

---

---

Your **School name & address:** \_\_\_\_\_

---

**Vocational,** Your Children's school and/or daycare, address, drop off & pick up times \_\_\_\_\_

---

---

---

---

---

---

---

---

**Household chores,** choose one day with four (4) hour period: Day \_\_\_\_\_ Hours \_\_\_\_\_

**Court:** ALL COURT and/or PROBATION appearances approved, MUST carry proof of appearance.

**Medical:** ALL MEDICAL appointments approved, MUST carry proof of appointments.