



## **APPLYING FOR CIVIL DRIVING PRIVILEGES INSURANCE RELATED BMV SUSPENSION**

- Carefully read the application before completing. You are subject to criminal charges pursuant to Ohio Revised Code Section 2921.13 if you provide false information in connection with this application.
- You are not entitled to privileges if you or a motor vehicle registered in your name was involved in an accident in the case underlying this suspension **and** you have not made full restitution for all damages. Bring proof of restitution to your hearing.
- Attach a copy of your BMV Notice of Suspension.
- Attach proof of current insurance and bring to your hearing. Your insurance documentation must contain your name as an insured motorist and dates of coverage, and must meet all BMV financial responsibility requirements.
- Attach proof of current employment and/or school schedule and bring to your hearing. Examples of proof of employment are pay stubs, a letter from your employer on company letterhead, or a schedule.
- All BMV requirements, payment of all reinstatement fees, and the posting of an SR-22 bond must be completed before privileges will be granted.
- A filing fee of **\$132.00** must be submitted with your application, payable to the **Stow Municipal Court**. This fee is non-refundable.
- Granting of privileges by the Court is entirely discretionary. Failure to attend the scheduled hearing will result in the automatic denial of your request.

IN THE STOW MUNICIPAL COURT  
SUMMIT COUNTY, OHIO

Name: \_\_\_\_\_ )  
Address: \_\_\_\_\_ )  
\_\_\_\_\_)  
Telephone No. \_\_\_\_\_ )  
Date of Birth: \_\_\_\_\_ )  
O.L. No. or SSN: \_\_\_\_\_ )

CASE NO. \_\_\_\_\_

CIVIL APPLICATION FOR  
DRIVING PRIVILEGES  
AND/OR REINSTATEMENT  
FEE PAYMENT PLAN

vs.

OHIO DEPARTMENT OF MOTOR VEHICLES

1. I have received a notice from the Ohio Bureau of Motor Vehicles that my operator's license has been or will be suspended.
2. I have complied with all requirements for the reinstatement of my Ohio Operator's License other than the expiration of my suspension and/or the payment of reinstatement fees.
3. I have read and understand the instructions and information provided with this Application and the Court's standard Petition for Driving Privileges and believe that I qualify for privileges.
4. The Suspension will seriously affect my ability to continue my employment or education.
5. Check one of the following:
  - Neither I nor a motor vehicle registered in my name was involved in a motor vehicle accident in a case underlying any of my suspensions.
  - In a case underlying a suspension on my record, I or a motor vehicle registered in my name was involved in a motor vehicle accident and I have made full restitution for all damages (you must attach or bring proof of full restitution to the hearing).
6. Check one of the following:
  - I have paid all reinstatement fees.
  - I am requesting a payment plan for my reinstatement fees.
7. I have insurance that complies with all BMV requirements for my reinstatement.
8. I will obey all laws and immediately report any new charges during my suspension to the Court.
9. **I understand that I am subject to criminal charges pursuant to Ohio Revised Code Section 2921.13 if I provide false information in connection with this application.**
10. I further acknowledge that any privileges granted by the Court are null and void if:
  - My license is presently or subsequently suspended by any other entity;
  - I do not maintain valid financial responsibility coverage;
  - The permit is photocopied.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PETITIONER

Notary Public/Individual Duly Authorized to Give Oath:

Subscribed and duly sworn before me according to law, by the above named applicant, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, Ohio, County of \_\_\_\_\_ and State of Ohio.

\_\_\_\_\_  
Signature of person administering oath

\_\_\_\_\_  
Title