

IN THE STOW MUNICIPAL COURT
SUMMIT COUNTY, OHIO

Name: _____)	CASE NO. _____
Address: _____)	
_____)	
Telephone No. _____)	
Date of Birth: _____)	APPEAL OF TWELVE
O.L. No. or SSN: _____)	POINT SUSPENSION/
)	APPLICATION FOR DRIVING
PETITIONER)	PRIVILEGES ON
)	TWELVE POINT SUSPENSION
vs.)	
)	
OHIO DEPARTMENT OF MOTOR VEHICLES)	
RESPONDENT)	

1. I am suspended by the Ohio Bureau of Motor Vehicles for having compiled more than twelve (12) points on my license in a two year time period.
2. I would have a valid Ohio Operator's License if not for this suspension. I have no other suspensions.
3. I have read and understand the instructions and information provided with this Application.
4. The Suspension will seriously affect my ability to continue my employment or education.
5. Check one of the following:
 - I wish to appeal the BMV's determination that I have accumulated twelve points on my driving record in two years and request that this suspension be terminated by the Court.
 - I acknowledge that I have twelve (12) points and am subject to a suspension by the BMV, but request driving privileges for work and/or school purposes.
6. I have insurance that complies with all BMV requirements.
7. I will obey all laws and immediately report any new charges during my suspension to the Court.
8. **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.**
9. 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