

Miami County Municipal Court

Plaintiff \_\_\_\_\_ Case No. \_\_\_\_\_  
SSN \_\_\_\_\_  
DL# \_\_\_\_\_

-vs-

Don Petit, Registrar Bureau of Motor Vehicles

ENTRY FOR LIMITED  
DRIVING

PRIVILEGES

The Court grants limited driving privileges to Defendant to grant him/her limited driving  
privileges from (date) \_\_\_\_\_ to (date) \_\_\_\_\_ for the following purpose(s):

\_\_\_\_\_  
Occupational (Defendant may drive to and from work and during work if job requires driving)  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mon. from \_\_\_\_\_ to \_\_\_\_\_ Tue from \_\_\_\_\_ to \_\_\_\_\_ Wed from \_\_\_\_\_ to \_\_\_\_\_  
Th from \_\_\_\_\_ to \_\_\_\_\_ Fr from \_\_\_\_\_ to \_\_\_\_\_ Sat from \_\_\_\_\_ to \_\_\_\_\_  
Sun from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Educational  
Educational Institution \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mon. from \_\_\_\_\_ to \_\_\_\_\_ Tue from \_\_\_\_\_ to \_\_\_\_\_ Wed from \_\_\_\_\_ to \_\_\_\_\_  
Th from \_\_\_\_\_ to \_\_\_\_\_ Fr from \_\_\_\_\_ to \_\_\_\_\_ Sat from \_\_\_\_\_ to \_\_\_\_\_  
Sun from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Vocational/Job Training Program  
Program: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mon. from \_\_\_\_\_ to \_\_\_\_\_ Tue from \_\_\_\_\_ to \_\_\_\_\_ Wed from \_\_\_\_\_ to \_\_\_\_\_  
Th from \_\_\_\_\_ to \_\_\_\_\_ Fr from \_\_\_\_\_ to \_\_\_\_\_ Sat from \_\_\_\_\_ to \_\_\_\_\_  
Sun from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Medical  
Facility: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mon. from \_\_\_\_\_ to \_\_\_\_\_ Tue from \_\_\_\_\_ to \_\_\_\_\_ Wed from \_\_\_\_\_ to \_\_\_\_\_  
Th from \_\_\_\_\_ to \_\_\_\_\_ Fr from \_\_\_\_\_ to \_\_\_\_\_ Sat from \_\_\_\_\_ to \_\_\_\_\_  
Sun from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Court Ordered Treatment  
Facility: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mon. from \_\_\_\_\_ to \_\_\_\_\_ Tue from \_\_\_\_\_ to \_\_\_\_\_ Wed from \_\_\_\_\_ to \_\_\_\_\_  
Th from \_\_\_\_\_ to \_\_\_\_\_ Fr from \_\_\_\_\_ to \_\_\_\_\_ Sat from \_\_\_\_\_ to \_\_\_\_\_  
Sun from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Other  
Facility: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mon. from \_\_\_\_\_ to \_\_\_\_\_ Tue from \_\_\_\_\_ to \_\_\_\_\_ Wed from \_\_\_\_\_ to \_\_\_\_\_  
Th from \_\_\_\_\_ to \_\_\_\_\_ Fr from \_\_\_\_\_ to \_\_\_\_\_ Sat from \_\_\_\_\_ to \_\_\_\_\_  
Sun from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Other  
Facility: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mon. from \_\_\_\_\_ to \_\_\_\_\_ Tue from \_\_\_\_\_ to \_\_\_\_\_ Wed from \_\_\_\_\_ to \_\_\_\_\_  
Th from \_\_\_\_\_ to \_\_\_\_\_ Fr from \_\_\_\_\_ to \_\_\_\_\_ Sat from \_\_\_\_\_ to \_\_\_\_\_  
Sun from \_\_\_\_\_ to \_\_\_\_\_

**Defendant wishes to drive from his/her residence at:**

\_\_\_\_\_ **to the location(s) approved above and return to his/her residence during the days and hours specified above.**

*Special Instructions:* Defendant should maintain proof of financial responsibility (insurance) plus:  
\_\_\_\_\_  
\_\_\_\_\_

Restricted plates are required in order to exercise these privileges: \_\_\_\_\_ Yes \_\_\_\_\_ No

The effective date of these Limited Privileges: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge/Magistrate