IN THE STOW MUNICIPAL COURT SUMMIT COUNTY, OHIO

Name:) CASE NO.
Address:)
City/State/Zip:)
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 f license in a two year time period.	for having compiled more than twelve (12) points on my

- 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
Obio		

Title

Ohio.

Signature of person administering oath