

ASHLAND COUNTY JUVENILE COURT

Driving Privileges Petition Packet

Information Regarding Limited Driving Privileges:

You may petition the Juvenile Court for Limited Driving Privileges if your license has been suspended in Court or placed under Juvenile Restriction by the BMV. **Driving privileges are discretionary and may be granted only if the Court finds that the suspension or restriction will prevent you from continuing in employment or education, or will cause undue hardship on you or your family.**

DRUG, ALCOHOL AND NICOTINE TESTING POLICY: JUVENILE TRAFFIC OFFENDERS

1. All juveniles applying for driving privileges will be drug, alcohol and nicotine tested through a urine screen. The Court will not grant privileges to any juvenile testing positive on any urine screen for drugs, alcohol or nicotine.
2. Any juvenile failing a drug, alcohol or nicotine test must wait thirty (30) days before the Court will re-administer any test.
3. If a juvenile is prescribed any medication that may cause a positive screen on a drug, alcohol or nicotine test, the juvenile must present, at the time of screening, the prescription and documentation from a physician or pharmacist that the prescribed drug will cause a positive test result.
4. The juvenile will not be charged for any screens with a negative result. The juvenile will be charged \$5.00 for any failed screens.

To request Limited Driving Privileges, please complete the enclosed ***Petition For Limited Driving Privileges*** and ***Scheduled Activities*** forms (see instructions below) and bring the forms with you to your traffic hearing. A decision may be made by the Judge or Magistrate during your traffic hearing to grant or deny driving privileges. If privileges are granted, please allow a minimum of two (2) business days for a Driving Privilege Order to be prepared for you. **Completing the application and following the required procedures is NOT a guarantee of the issuance of privileges. Privileges are issued on a case-by-case basis.**

There is a \$50.00 Court fee when driving privileges are issued; and a \$10.00 fee for each update or modification to your privileges.

Instructions for completing Driving Privilege Request Form:

1. Complete the *Petition For Limited Driving Privileges* form to the best of your ability. If you are filling it out prior to your traffic hearing, leave the “date of suspension or restriction” fields blank.
2. It is essential that you and your parent(s) or guardian read all pages of the petition. If you understand and are in agreement with the terms of limited driving privileges, sign and date at the bottom of Page 2 of the Petition and on the Schedule of Activities.
3. You must attach at least one (1) Schedule of Activities to your Petition. At the top of the Schedule, you must check the box identifying whether your schedule is always the same every week (i.e. you only need privileges to between home and school and your schedule is always the same each week) or if your schedule changes week to week (i.e. you need work privileges and your work schedule changes every week). If your schedule is the same each week, you only need to complete one (1) copy of the schedule. If your schedule changes weekly, you need to complete one (1) schedule form for each week you are asking for privileges and identify what week that schedule is for, at the top of the Schedule. If your schedule changes weekly, you can request driving privileges for up to four (4) weeks at a time.
4. Attach a current copy of your insurance card or declaration page (must bear your name, the vehicle you will be driving, and the coverage dates).

Please feel free to contact the Juvenile Court at (419) 282-4205 if you have any questions.

In the Common Pleas Court of Ashland County, Ohio, Juvenile Division

In the Matter of: : Case No.

: ID No.

Juvenile's Name

:

A Juvenile Traffic Offender.

:

ALL JUVENILES REQUESTING PRIVILEGES MUST TAKE AND PASS A DRUG, ALCOHOL AND NICOTINE TEST. THE COURT WILL NOT GRANT PRIVILEGES IF THE JUVENILE FAILS ANY TEST.

PETITION FOR LIMITED DRIVING PRIVILEGES

Please note that effective February 17, 2021, there is a \$50.00 fee if privileges are granted, plus an additional \$10 fee each time privileges need updated (payable prior to privileges being issued.)

JUVENILE'S NAME JUVENILE'S DATE OF BIRTH JUVENILE'S SOCIAL SECURITY #

NAME(S) OF PARENT/
GUARDIAN PARENT/GUARDIAN
PHONE NUMBER PARENT/GUARDIAN EMAIL

JUVENILE'S RESIDENCE
ADDRESS JUVENILE'S PHONE NUMBER JUVENILE'S EMAIL

DATE OF SUSPENSION
OR RESTRICTION START DATE: END DATE:

OHIO DRIVER'S LICENSE
NUMBER DATE ISSUED: EXPIRATION DATE:

COMPLETE one or more of the following: I am requesting driving privileges for:

EMPLOYMENT:

Name of Employer: Name of Supervisor:

Workplace Address: Employer Phone No:

SCHOOL: Name of School: Current Grade:

School Address:

SCHOOL ACTIVITY: Type of Activity:

Location of Activity:

OTHER: Describe the reason you need privileges (i.e. to attend probation appointments), the address of the place you need to travel to and the name of the person you need to see at that location.

OTHER INFORMATION: If you have other information you think is important, please list that information here:

JUVENILE CERTIFICATION

PLEASE READ and INITIAL EACH STATEMENT BEFORE SIGNING

_____ I understand that Limited Driving Privileges are discretionary and will not automatically be granted, and I may not receive any or all of the privileges that have been requested in this petition.

_____ I understand that if I am granted Limited Driving Privileges, I must report any changes in residence, employment, school attendance or activity to the Court immediately to have a revised Limited Permit issued.

_____ I understand that if I am granted Limited Driving Privileges, and they need modified for any reason, I must provide the changes in my schedule to the Court in writing and pay a \$10.00 fee before the changes will be considered.

_____ I further understand that if I am granted Limited Driving Privileges and I violate the privileges granted, that the violation may result in a citation for Driving Under Suspension and/or the loss of current Limited Driving Privileges as well as any possible future Limited Driving Privileges.

_____ I have attached a copy of my current insurance card or the declaration page which bears my name, the vehicle I am driving, and the current policy dates.

I hereby certify that all of the above information is true to the best of my knowledge and belief.

By affixing my signature to this petition, I declare that there is no alternative transportation available to me, of any kind, in order to participate in these necessary activities.

Juvenile Signature Date

PARENT CERTIFICATION

As the parent/guardian of _____, I hereby certify that I have reviewed the information provided in this document and that the information is true to the best of my knowledge.

I also certify that there is no alternative transportation available, of any kind, in order for the juvenile to participate in these necessary activities.

Parent/Guardian Date Parent/Guardian Date

SCHEDULE OF ACTIVITIES FOR DRIVING PRIVILEGES PETITION

At least one (1) Schedule must be attached to your Petition for Driving Privileges

JUVENILE'S NAME: _____ SIGNATURE: _____
PARENT/GUARDIAN: _____ SIGNATURE: _____

I have a regular weekly schedule and therefore I am only submitting one (1) Schedule Form.

My schedule changes and this schedule is for the week of _____.

PLEASE COMPLETE BY LEGIBLY LISTING YOUR REGULARLY SCHEDULED ACTIVITIES FOR WHICH YOU ARE REQUESTING DRIVING PRIVILEGES.

Days of the Week	Driving Times	To	From
<i>Example: Monday</i>	<i>7:30 AM – 7:45 AM 2:30 PM – 3:00 PM 10:00 PM – 10:15 PM</i>	<i>Home School Work</i>	<i>School Work Home</i>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

For Court Use Only:

I, _____, Deputy Clerk of the Ashland Count Juvenile Court, hereby certify that this is a true and correct copy of the driving privileges approved by the Court for the above-named juvenile.

_____ Deputy Cler

