

IN THE WILLOUGHBY MUNICIPAL COURT

4000 Erie Street
Willoughby, OH 44094
(440) 953-4170

Judge Marisa L. Cornachio

Andrea F. Rocco
Clerk of Court

**PETITION TO APPEAL BMV SUSPENSION AND/OR
PETITION FOR LIMITED DRIVING PRIVILEGES
(\$125.00 FILING FEE REQUIRED)**

DATE: _____

CASE NO: _____

I WISH TO APPEAL THE SUSPENSION OF MY OPERATOR'S LICENSE BY THE BUREAU OF MOTOR VEHICLES OR REQUEST LIMITED DRIVING PRIVILEGES AS APPLICABLE. I HAVE BEEN NOTIFIED THAT THE DATE AND REASON FOR THE SUSPENSION ARE AS FOLLOWS:

DATE OF SUSPENSION: _____

BMV CASE NUMBER: _____

REASON FOR REQUESTING THE COURT'S CONSIDERATION OF THIS MATTER:

PETITION TYPE	COURT JURISDICTION
<input type="checkbox"/> NONCOMPLIANCE SUSPENSION 2 nd or 3 rd w/in 5 years (eff. 9/28/12) 4509.101	ANY COURT IN COUNTY WHERE PETITIONER RESIDES
<input type="checkbox"/> REINSTATEMENT FEE PAY PLAN 4510.10	ANY COURT WHERE AN OFFENSE IS PENDING: IN THE MUNICIPAL COURT IN COUNTY IN WHOSE JURISDICTION THE PETITIONER RESIDES
<input type="checkbox"/> 12-POINT APPEAL 4510.037	MUNICIPAL COURT IN WHOSE JURISDICTION PETITIONER RESIDES
<input type="checkbox"/> IMPLIED CONSENT 4511.191	COURT WHERE OFFENSE IS PENDING
<input type="checkbox"/> OUT OF STATE OR FEDERAL OVI/DRUG CONVICTION (OHIO RESIDENT) 4510.17	MUNICIPAL COURT IN WHOSE JURISDICTION PETITIONER RESIDES (HAS OHIO LICENSE)
<input type="checkbox"/> OTHER	COURT WHERE PETITIONER RESIDES

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NO: _____ LAST 4 SSN: _____ D.O.B: _____

SIGNATURE OF PETITIONER: _____

The petitioner shall contact the Probation Department at (440) 953-4206 prior to the scheduled hearing to address compliance requirements.