IN THE NEW PHILADELPHIA MUNICIPAL COURT
NEW PHILADELPHIA, OHIO

ALL INFORMATION MUST BE LEGIBLE AND SPECIFIC OR YOUR REQUEST MAY BE DENIED

_____ Case No.#_____
Applicant Name

_____
Street Address

_____
City, State, Zip

_____
Phone Number

_____
Date of Birth

_____
Email Address

APPLICATION FOR DRIVING PRIVILEGES

Must also file:

$40.00 Filing Fee

Current Proof of Insurance

Driving Privileges requested for:

- ☐ Employment: _____
  Employer's name and address _____
  Days and hours of work_____
- ☐ Other Employment: _____
  Employer's name and address _____
  Days and hours of work_____
- ☐ Education: _____
  School name and address_____
  Days and hours of school_____
- ☐ Medical treatment: (Must carry proof of appointment)
- ☐ Court Ordered treatment: (Must carry proof of appointment)
- ☐ Court appearances
- ☐ Other: _____
  _____

I have attached current proof of insurance and have filed said proof of insurance with the Ohio Bureau of Motor Vehicles if required.

I represent to the court that without driving privileges, a license suspension will seriously affect my ability to continue my employment, schooling, and/or treatment.

DATE

APPLICANT SIGNATURE