

**IN THE COURT OF COMMON PLEAS  
DOMESTIC RELATIONS DIVISION  
MEDINA COUNTY, OHIO**

*STATE OF OHIO, EX REL.*

\_\_\_\_\_) )  
NAME ) )  
\_\_\_\_\_) )  
ADDRESS ) )  
\_\_\_\_\_) )  
CITY, STATE, ZIP ) )  
\_\_\_\_\_) )  
TELEPHONE ) )  
 Obligor /  Obligee ) )  
**vs./and** ) )  
\_\_\_\_\_) )  
NAME ) )  
\_\_\_\_\_) )  
ADDRESS ) )  
\_\_\_\_\_) )  
CITY, STATE, ZIP ) )  
\_\_\_\_\_) )  
TELEPHONE ) )  
 Obligor /  Obligee ) )

**CASE NO.**

**JUDGE JULIE A. SCHAFFER**

**MAGISTRATE**

**REQUEST FOR LIMITED  
DRIVING PRIVILEGES**

(To be submitted to Court's Confidential File)

Obligor's date of birth: \_\_\_\_\_

Obligor's social security number: \_\_\_\_\_

Obligor's driver's license number or ID number: \_\_\_\_\_

The **Obligor** in this action requests that the Court grant limited driving privileges for the following occupational, educational, medical, and/or parenting time purpose(s) **[check all that apply]**:

**OCCUPATIONAL:**

Check here if you are unemployed and are asking for driving privileges to seek employment.

In what geographic area will you be seeking employment? \_\_\_\_\_

Check here if you are employed.

Job title: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Work schedule:  Su  M  Tu  W  Th  F  Sa

Work hours from: \_\_\_\_\_ until \_\_\_\_\_

- Check here if you are responsible for driving your child(ren) to or from a daycare or child-care facility for work-related child-care. If yes, please provide the name and address of the facility below:

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Please check the day(s) of the week on which you transport your child(ren) for work-related child-care:

Su  M  Tu  W  Th  F  Sa

**EDUCATIONAL:**

Educational Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Program/Major: \_\_\_\_\_

Advisor's phone: \_\_\_\_\_

Advisor's email: \_\_\_\_\_

Course #1 [ \_\_\_\_\_ ] schedule:  Su  M  Tu  W  Th  F  Sa

Course #1 [ \_\_\_\_\_ ] runs from: \_\_\_\_\_ until \_\_\_\_\_

Course #2 [ \_\_\_\_\_ ] schedule:  Su  M  Tu  W  Th  F  Sa

Course #2 [ \_\_\_\_\_ ] runs from: \_\_\_\_\_ until \_\_\_\_\_

Course #3 [ \_\_\_\_\_ ] schedule:  Su  M  Tu  W  Th  F  Sa

Course #3 [ \_\_\_\_\_ ] runs from: \_\_\_\_\_ until \_\_\_\_\_

**MEDICAL:**

Please provide a brief description of the nature of the treatment sought:

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Treating physician: \_\_\_\_\_

Physician phone: \_\_\_\_\_

Treatment location: \_\_\_\_\_

Treatment days:  Su  M  Tu  W  Th  F  Sa

Treatment runs from: \_\_\_\_\_ until \_\_\_\_\_

**PARENTING TIME EXCHANGES: [Please attach a copy of the court-ordered parenting time schedule.]**

Location of parenting time or location where parenting time exchanges occur:

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Days Obligor must transport:  Su  M  Tu  W  Th  F  Sa

Time(s) of the exchange(s): \_\_\_\_\_

**OTHER: [e.g., therapy, treatment, court hearings, etc.]**

Please explain: \_\_\_\_\_

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**Before the Court can grant limited driving privileges, the Obligor must provide the Court with proof of financial responsibility pursuant to R.C. Sections 4510.021(E) and 4509.45 (a certificate of insurance, financial responsibility identification card, or an SR-22 bond, available from the BMV). Proof of financial responsibility shall be provided to the Court at or before the hearing.**

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**Signature of Obligor**