

SHAKER HEIGHTS MUNICIPAL COURT
Application for Limited Driving Privileges
For Court Imposed Suspensions, OVI & ALS Suspensions

Case number: _____

Name: _____

Address: _____

Phone Number: _____

Check all that apply:

Applicant's Place of employment:

Name: _____

Address: _____

Applicant's School or educational institution:

Name: _____

Address: _____

Children's educational institution/daycare:

Name: _____

Address: _____

(If more than one institution/daycare, include in other)

Other:

Name: _____

Address: _____

Explanation: _____

Necessary Medical for Self and Family

AA/NA/MADD

Food Shopping/Pharmacy/Gas

Treatment and/or Counseling

Court Appearances

Banking

Probation

Religious Services

If there are more requests than this application allows, please include an attachment with an explanation for each location.

****Must provide proof of insurance with application.***

****Filing fee of \$35.00 due upon filing.***

Applicant Signature: _____

Date: _____