

**IN THE SHAKER HEIGHTS MUNICIPAL COURT  
CUYAHOGA COUNTY, OHIO**

STATE OF OHIO )  
CITY OF \_\_\_\_\_ ) Case No. \_\_\_\_\_  
vs. ) Judge Anne Walton Keller  
 )  
 ) **Application for Limited Driving Privileges**  
 ) **For Court Imposed Suspensions, OVI & ALS Suspensions**  
Defendant )

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

\*IMPORTANT\* All future correspondence from this Court will be sent to this email

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: \_\_\_\_\_
- |  |  |
|--|--|
| <input type="checkbox"/> Necessary Medical for Self and Family | <input type="checkbox"/> AA/NA/MADD  |
| <input type="checkbox"/> Food Shopping/Pharmacy/Gas            | <input type="checkbox"/> Religious Services  |
| <input type="checkbox"/> Court Appearances                     | <input type="checkbox"/> Banking   |
| <input type="checkbox"/> Probation                             | <input type="checkbox"/> Treatment and/or Counseling (must provide verification at time of filing) |

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: \_\_\_\_\_