

IN THE WAYNE COUNTY MUNICIPAL COURT  
WOOSTER, OHIO

STATE OF OHIO	:	Case No. _____
Plaintiff	:	
	:	MOTION FOR DRIVING PRIVILEGES
vs.	:	
	:	
_____	:	
Defendant	:	

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This matter comes before the Court upon the motion of the Defendant for driving privileges.

The driving privileges being requested are for the following purposes:

**Occupational purposes.**

1. Place of Employment \_\_\_\_\_
2. Name of Direct Supervisor \_\_\_\_\_
3. Supervisor's phone \_\_\_\_\_
4. Location(s)/ Address(s) of work \_\_\_\_\_  
\_\_\_\_\_
5. Days and Hours of Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Educational purposes.**

1. Name, location/address of School \_\_\_\_\_  
\_\_\_\_\_
2. Days and Hours of School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical purposes.** Attach the confidential medical information sheet.

**Other requested purposes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Defendant's name

\_\_\_\_\_  
Defendant's Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Defendant's Phone Number

\_\_\_\_\_  
Defendant's Social Security Number (Clerk of Courts will redact from public record.)

CERTIFICATE OF SERVICE

I certify that a copy of this motion was mailed or hand delivered to the Prosecutor's Office located at 215 N. Grant St., Wooster, Ohio 44691 on \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Defendant's signature