

IN THE CRAWFORD COUNTY MUNICIPAL COURT
IN THE MATTER OF APPLICATION FOR REINSTATEMENT FEE
PAYMENT PLAN AND DRIVING PRIVILEGES

CASE NUMBER CVH _____

The undersigned applicant residing at _____
_____ whose Social Security number is _____, whose date of
birth is _____, whose phone number is _____ States as
follows:

1. My privileges to operate a motor vehicle in the State of Ohio are suspended as the result of outstanding and unpaid reinstatement fees owed to the Ohio Bureau of Motor Vehicles
2. Other than unpaid reinstatement fees, my operating privileges are under no other "open" suspensions/cancellations, however, if there are other suspensions, I have modifications which would permit operation for the reasons permitted by the court involved or by the Ohio Bureau of Motor Vehicles.
3. I understand that either of two (2) payment plan types can be requested:
 - a) plan than permits payment of not less than \$50 per month each and every month, missing no payments, until all reinstatement fees are paid in full, or,
 - b) a plan that permits to be deferred or put off payment of all the reinstatement fees until a further date certain not longer than six (6) months.
4. I further understand that if I fail to comply with the reinstatement plan I request herein, that my privileges to operate a motor vehicle will be immediately under suspension.
5. I further state, under penalty of Ohio law, that I am unable, through circumstances beyond my control, to have sufficient income or monies on hand to pay reinstatement fees without the court authorizing a payment plan. I have attached to this application an affidavit setting forth my personal financial circumstances which require this request.
6. I further state that without driving privileges, I cannot continue or improve my employment or obtain employment and, therefore, I cannot support myself or my dependents all of whom are listed on my financial disclosure form.
7. I will pay all of the court costs of this action.
8. I further state that I have now and will continue to maintain a current SR-22 insurance policy or bond, a copy of which is attached to this request and that, if a payment plan is authorized by the court, I will carry a copy of my "privileges" anytime I operate a vehicle.

Applicant