

ERIE COUNTY MUNICIPAL COURT

PROBATION DEPARTMENT

150 WEST MASON ROAD MILAN, OHIO 44846 PHONE 419-499-4689 FAX
419-499-3300 Email shammersmith@eriecounty.oh.gov

1st OFFENSE OMVI DRIVING PRIVILEGES

* If you have been charged with OMVI (driving while impaired) and this present charge is your first charge of this type within the past 10 years and your violation occurred after April 5, 2017.

You have the following options available for your driving privileges.

OPTION# _____ *Restricted driving for DIRECT employment, personal medical, court ordered counseling, education and direct child care driving. NO IGNITION INTERLOCK REQUIRED.*

OPTION#2 _____ *Unrestricted driving, MANDATORY-IGNITION INTER-LOCK must be installed on the vehicle you drive at YOUR EXPENSE. Approximate cost is \$140-\$175 installation and between \$85-\$100 per month, this will be for the entire length of your suspension, these are estimated costs only. If you choose this option an additional appointment with the probation department will be required.*

After you obtain our driving letter you will be required to obtain a "RESTRICTED DRIVER'S LICENSE" from Ohio BMV before you operate any motor vehicle.

Date

Signature of Defendant

If you fail to choose an option, option #1 will be used for your driving privileges. Any questions, you can call or email me.
Steven Hammersmith Bailiff/Probation

**ERIE COUNTY MUNICIPAL COURT
PROBATION DEPARTMENT**

**150 WEST MASON ROAD
MILAN, OHIO 44846
PHONE 419-499-4689 FAX 419-499-3300
Email: shammersmith@eriecounty.oh.gov**

Unrestricted driving with mandatory ignition inter lock (IID) Procedure

Defendant: _____

Case# _____

If you have chosen Option #2 for unrestricted driving with an ignition inter lock complete the following information.

Vehicle Make _____

Vehicle Make _____

Vehicle Year _____

Vehicle Year _____

License Plate _____

You will meet with me in person for the proper paperwork to be completed, this usually takes 10 -15 minutes. I'm usually available 9am - 1pm, Monday through Friday to meet with you, call the day before to schedule an appointment. There is a \$50 application fee payable at the time of the appointment.

If you have chosen Option #1, disregard this page and complete the remainder of the application.

Steve Hammersmith

**ERIE COUNTY MUNICIPAL COURT
PROBATION DEPARTMENT
APPLICATION FOR OCCUPATIONAL DRIVING**

OCCUPATIONAL DRIVING WILL ONLY BE CONSIDERED FOR THE TIME REQUIRED TO DRIVE FROM PLACE OF RESIDENCE TO EMPLOYMENT AND RETURN. THE FOLLOWING INFORMATION MUST BE RETURNED TO THE PROBATION DEPARTMENT OF THIS COURT BEFORE CONSIDERATION OF YOUR REQUEST. **ALL OF THE FOLLOWING ITEMS MUST BE SUBMITTED BEFORE ANY CONSIDERATION OF OCCUPATIONAL DRIVING.**

- 1.) THIS COMPLETED APPLICATION
- 2.) WRITTEN PROOF ON COMPANY LETTERHEAD OF HOURS OF EMPLOYMENT, DAYS SCHEDULED TO WORK & SUPERVISOR'S SIGNATURE, MUST BE INCLUDED.
- 3.) PROOF OF PAID AUTO INSURANCE WITH EFFECTIVE DATES.
- 4.) ATTACHED APPLICATION WITH DEFENDANT'S PORTION COMPLETED FOR RESTRICTED LICENSE PLATES.
- 5.) OCCUPATIONAL DRIVING AGREEMENT.
- 6.) **\$50 FEE PAYABLE TO THIS COURT.**

FULL NAME _____

ADDRESS (STREET/CITY/STATE/ZIP) _____

_____. PHONE NUMBER _____

EMAIL _____

DRIVERS LICENSE NUMBER _____ DATE OF BIRTH _____

EMPLOYER _____ SUPERVISOR _____

EMPLOYMENT ADDRESS STREET/CITY/STATE/ZIP) _____

_____. EMPLOYMENT PHONE NUMBER _____

NORMAL DAYS OF EMPLOYMENT & HOURS _____

APPROXIMATE DRIVING TIME BETWEEN RESIDENCE & EMPLOYMENT _____

DRIVERS LICENSE SURRENDERED-YES/NO **IF YOU STILL HAVE YOUR DRIVERS LICENSE IT MUST BE ATTACHED TO THIS COMPLETED APPLICATION.**

IF YES TO WHAT DEPARTMENT _____

INSURANCE COMPANY _____ PHONE _____

POLICY NUMBER _____

EFFECTIVE DATE OF POLICY, FROM _____ TO _____

PAYMENTS MADE (CHECK ONE) MONTHLY ___ QUARTERLY ___ SEMI-ANNUALLY ___

I UNDERSTAND THAT ANY FALSE STATEMENTS MADE ON THIS APPLICATIONS WILL RESULT IN MY OCCUPATIONAL DRIVING PRIVILEGES BEING DENIED OR REVOKED.

SIGNATURE OF DEFENDANT _____ DATED _____



Paul G. Lux
Judge

ERIE COUNTY MUNICIPAL COURT

150 West Mason Rd.
Milan, Ohio 44846
Phone: (419) 499-4689
FAX: (419) 499-3300

Jennifer L. Ferback
Clerk of Court

Your complete name _____

All conditions as indicated on my occupation driving letter must be complied with, along with the following conditions:

- 1.) The permit must be carried in my vehicle when driving under the authority of the permit.
- 2.) I understand that all fines associated with this case will be paid according to the payment agreement.
- 3.) I also agree that as a condition of the occupational permit being issued that I report all traffic violations and or citations I receive to the Bailiff of the Erie County Court within 72 hours.

Violation of any of the above conditions or any violation of law will render my occupational permit void.

Must be signed and returned to the Court before your occupational permit will be issued.

Signature of Defendant

Date



OHIO BUREAU OF MOTOR VEHICLES

APPLICATION FOR REGISTRATION OF A MOTOR VEHICLE WITH RESTRICTED PLATES/DECAL

BMV VALIDATION BLOCK

TYPE OR PRINT
REGISTRATION INFORMATION FOUND ON VALID OHIO/OUT-OF-STATE
REGISTRATION CARD

LICENSE PLATE #	EXPIRATION DATE	STATE
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VEHICLE INFORMATION FROM OHIO CERTIFICATE/MEMORANDUM TITLE

VEHICLE SERIAL NO.	MAKE	YEAR	TYPE	CERTIFICATE OF TITLE NO. (OHIO ONLY)
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OWNER INFORMATION

OWNER NAME			SOCIAL SECURITY NO. OR TAX ID NO.		
RESIDENCE ADDRESS		CITY	STATE	ZIP CODE	
JOINT OWNER NAME			COUNTY OF RESIDENCE		
OWNER MAILING ADDRESS		CITY	STATE	ZIP CODE	
FILL IN CITY NAME ONLY IF YOU LIVE INSIDE CORPORATION LIMITS	INCORPORATED CITY		FILL IN TOWNSHIP ONLY IF YOU LIVE OUTSIDE CORPORATION LIMITS	TOWNSHIP	
Is Your License Plate Registration Under Suspension or Revocation Under the Ohio Financial Responsibility Law?	Y/N	Has the Motor Vehicle Being Registered been Operated by the Owner on Public Roads or Highways Prior to Date of This Application?	Y/N	If Operated by the Owner on Public Roads or Highways Prior to this Date, have Required Registration or transfer Fees Been Paid?	Y/N
OWNER SIGNATURE				DATE	

COURT NOTIFICATION MUST BE COMPLETED BY TRIAL COURT

AN APPLICATION FOR RESTRICTED PLATES/DECAL HAS BEEN SUBMITTED BY THE FOLLOWING NAMED INDIVIDUAL:

OWNER			
RESIDENCE STREET	CITY	STATE	ZIP CODE

INDICATE BELOW THE ACTION TO BE TAKEN:

Application APPROVED DISAPPROVED by Authorized Official _____

as submitted by _____ COURT

in the County of _____, State of Ohio.

Date Suspended or Revocation Expires _____

DO NOT WRITE BELOW THIS LINE FOR BMV USE ONLY

ENTERED ON RECORDS					
LICENSE NUMBER	YEAR	TYPE	DATE	FEE	BY

**COURT NOTIFICATION AND APPLICATION
FOR OHIO RESTRICTED LICENSE PLATES/DECAL**

When the license of any person is suspended or revoked, the trial judge may impound the Ohio registration and Ohio license plates of any motor vehicle the individual owns.

Whenever an Ohio registration and license plates have been impounded in accordance with Ohio Revised Code Section 4507.02, the vehicle owner, with court approval, may apply for restricted license plates/decals. (Ohio Revised Code Sections 4507.164, 4503.231, 4507.02).

To obtain restricted license plates/decals the following items **MUST BE PRESENTED**:

1. Payment due: \$2.75 and Deputy Fee
2. Completed and signed APPLICATION on **REVERSE SIDE**.
3. Trial Court must complete and sign **COURT NOTIFICATION ON REVERSE SIDE**.
4. **OHIO** Certificate of Title/Memorandum Title or current Registration Card is required. (COPIES NOT ACCEPTABLE).
5. This completed form must be taken to your local Deputy Registrar.

IMPORTANT: Restricted license plates/decals can only be issued to a vehicle with a current registration. For new Ohio license plates the original Certificate of Title/Memorandum Title is required.
