

**IN THE CONNEAUT MUNICIPAL COURT
ASHTABULA COUNTY, OHIO**

Petitioner)	
)	
)	CASE NO. _____
)	
VS)	
)	
)	REINSTATEMENT FEE PAY PLAN
State of Ohio)	
Bureau of Motor Vehicles)	
Respondent)	

Now comes the Petitioner and hereby petitions the Court for a Reinstatement Fee Payment Plan and limited driving privileges as provided in Ohio Revised Code 4510.10(B)(2) and 4510.021(B). The Ohio Bureau of Motor Vehicles has suspended my driving privileges until _____, due to my failure to pay the reinstatement fee. I hereby represent that:

1. I reside within Ashtabula County.
2. I have obtained current insurance (**SR22**), a copy of which is attached with this Petition.
3. I am including **BMV Form 2006** with this Petition.
4. I understand that any limited driving privileges granted to me shall be contingent upon my maintaining proof of insurance and compliance with all BMV requirements.

Wherefore, the Petitioner respectfully requests this Court to grant a Reinstatement Fee Payment Plan and limited driving privileges.

Petitioner's Signature

Please Print:
Name: _____ SS No.: _____

Address: _____ Date of Birth: _____

Phone(home): _____

Ohio Driver's Lic. No.: _____ Phone(cell): _____

HEARING DATE ASSIGNED _____ AT _____ AM/PM.
(04/20)