

VERMILION MUNICIPAL COURT

www.vermilionmunicipalcourt

Name: _____

Case No. _____

Address _____

MOTION FOR DRIVING PRIVILEGES

Phone No. _____

Driving Privileges are requested for the following:

- Occupational – If you are requesting occupational privileges please provide the name, address and telephone number of each employer and the days and hours you work.

- School – Please provide the name, address and telephone number of each school and the days and hours of classes.

- Medical – Please provide the name, address and telephone number of each doctor or other medical provider and the hours of appointment.

- Errands/Grocery – One day with a two hour maximum

Day of Week _____

Time: _____

- Other – If you are requesting other privileges please provide the details of your request.

Undersigned is not to the best of his knowledge under any other suspensions or convictions. The undersigned acknowledges that proof of insurance, proof of employment and a fee will be required prior to a letter to drive being issued by the court. The first letter to drive will be \$20.00/\$25.00 with interlock and each additional letter will be \$10.00/\$15.00 with interlock. Defendant also acknowledges he/she is in compliance with any payment arrangements with the court.

Defendant Signature

Date

VERMILION MUNICIPAL COURT

JOURNAL ENTRY

Defendant: _____

CASE NO. _____

Defendant is hereby granted driving privileges for the following with proof of employment and insurance.

- Work
- Medical
- Court Appointments
- Attorney Appointments
- AA/NA – Court Ordered treatment programs
- School _____
- Other _____
- _____
- Errands/Grocery: Day of Week _____ Time: _____
- Defendant's request for driving privileges is denied.

W. Zack Dolyk, JUDGE