

PORTAGE COUNTY COMMON PLEAS COURT

203 WEST MAIN STREET

RAVENNA, OHIO 44266

330-297-3644

**REQUEST OF DRIVING PRIVILEGES**

CASE NUMBER \_\_\_\_\_

NAME: \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SSN#: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER'S TELEPHONE NUMBER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYS AND HOURS YOU ARE SCHEDULED TO WORK (BE SPECIFIC): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EDUCATIONAL/VOCATIONAL (NAME AND ADDRESS OF SCHOOL): \_\_\_\_\_

CURRENT SCHOOL SCHEDULE IS ATTACHED

MEDICAL: \_\_\_\_\_

\_\_\_\_\_

OTHER: \_\_\_\_\_

\_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER (ATTACH PROOF OF INSURANCE): \_\_\_\_\_

INSURANCE AGENT: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

\_\_\_\_\_  
SIGNED  
request for driving privileges