



## IN THE HILLIARD MAYOR'S COURT ENTRY FOR LIMITED DRIVING PRIVILEGES

Defendant \_\_\_\_\_ Case No. \_\_\_\_\_

☐ Granted under an ALS Last 4 of SSN: \_\_\_\_\_

☐ Granted under court-ordered suspension DOB: \_\_\_\_\_

☐ Family plates required Offense Date: \_\_\_\_\_

☐ Ignition interlock required

ALS Termination Date: \_\_\_\_\_ Court-Ordered Suspension Termination Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

**Privileges are granted, beginning \_\_\_\_\_, and are valid as stated below:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Leave home							
Arrive @ work							
Leave work							
Arrive @ home							
<input type="checkbox"/> Occupational, educational, vocational or medical purposes			<input type="checkbox"/> Taking driver's or CDL examination			<input type="checkbox"/> Court-ordered treatment	<input type="checkbox"/> Family necessity
<input type="checkbox"/> Defendant not to operate a motor vehicle with the odor of alcohol beverage on his/her breath or person.							
<input type="checkbox"/> Per R.C. 4510.43(C), Defendant is permitted to drive an employer's vehicle within the job requirements without an interlock device, provided the employer has been notified of Defendant's driving restrictions and the employer has provided Defendant with written permission, which shall remain in Defendant's possession while operating employer's vehicle.							
Other conditions:							

**I understand I will be guilty of operating under suspension if I operate a vehicle outside the above limits. I understand that these limited privileges will be revoked if I let my driver's license expire during this suspension period. I understand that after the court ordered suspension expires, I must pay a reinstatement fee to the BMV to continue driving. If these privileges are for limited driving during an ALS, I understand that a reinstatement fee must be paid to the BMV when this suspension expires.**

**IT IS SO ORDERED.**

Interlock Company	
Send notice of violation and notice of installation to: Clerk of Court – fax: 614-529-6036	
The device shall have a calibration setting (BrAc) of 0.25.	
Rolling retest	<input type="checkbox"/> YES <input type="checkbox"/> NO
Bypass switch always ON; High BAC violation always ON.	

Magistrate's Signature \_\_\_\_\_ Date \_\_\_\_\_

Defendant's Signature \_\_\_\_\_ Date \_\_\_\_\_