

**PORTAGE COUNTY COMMON PLEAS COURT
DOMESTIC RELATIONS DIVISION
203 W MAIN ST., PO BOX 1035
RAVENNA OH 44266-1035
PHONE 330-297-3880 FAX 330-296-0190**

REQUEST OF DRIVING PRIVILEGES

****You must attach a copy of your driver's abstract from the registrar of motor vehicles****

Case Number: _____

Drivers License #: _____

CDL License ☐ Yes ☐ No

NAME: _____		
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 <input type="checkbox"/> Yes <input type="checkbox"/> No		
MEDICAL: _____		
OTHER: _____		
INSURANCE COMPANY: _____		
POLICY NUMBER (ATTACH PROOF OF INSURANCE): _____		
INSURANCE AGENT: _____	TELEPHONE NO: _____	
LIST ALL REASONS FOR WHICH YOUR DRIVER'S LICENSE IS CURRENTLY SUSPENDED: _____ _____		

SIGNED

PRINTED NAME

PROOF OF SERVICE

I do hereby certify that a copy of the foregoing Request of Driving Privileges was sent by regular U.S. Mail to _____ at _____ and the Portage County Child Support Enforcement Agency, at 209 South Chestnut Street, P.O. Box 1208, Ravenna, Ohio 44266 this _____ day of _____, 20____.

Signed

NOTICE OF HEARING

_____ and the Portage County Child Support Enforcement Agency shall take notice that this matter shall come before the Court for hearing on the _____ day, of _____ 20____ at _____ . M.

Signed