

**IN THE COMMON PLEAS COURT  
JUVENILE DIVISION  
PORTAGE COUNTY, OHIO**

**IN RE:**

**CASE NO:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

JUDGE PATRICIA J. SMITH

**NOTICE OF PROOF OF INSURANCE**

You have been cited for a traffic violation and are required to appear in Court. You will at the time of the hearing or waiver (if applicable) have to present acceptable proof of your financial responsibility (insurance). Financial responsibility is achieved when you can show you are covered to pay for the minimum level of damages resulting from the possibility of an accident as required by the State of Ohio.

When you appear in Court, whether or not you were involved in an accident, you will be required to present proof that you had liability insurance or a surety bond. The proof of insurance provided to the Court either must have the juvenile's name on it or you can obtain such proof from your insurance or surety carrier by using this form.

**IF YOU FAIL TO PROVIDE THE COURT WITH ACCEPTABLE PROOF OF FINANCIAL RESPONSIBILITY, THE OHIO BUREAU OF MOTOR VEHICLES WILL SUSPEND YOUR LICENSE FOR A MINIMUM OF 90 DAYS AND UP TO 2 YEARS. ALSO, THE BMV WILL CHARGE REINSTATEMENT FEES AND IMPOSE ADDITIONAL CIVIL PENALTIES.**

**PROOF OF INSURANCE**

At the time of the offense (Date) \_\_\_\_\_ was the juvenile driver's operation of the motor vehicle driven, covered by liability insurance as required by law? [ ] Yes [ ] No

Driver's Name \_\_\_\_\_ Owner's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City & State \_\_\_\_\_ City & State \_\_\_\_\_

Driver's SSN \_\_\_\_\_ DOB \_\_\_\_\_

Vehicle Lic. Plate# \_\_\_\_\_ Yr. \_\_\_\_\_ State \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Yr. \_\_\_\_\_ VIN# \_\_\_\_\_

Name & Address of Insurance Co. \_\_\_\_\_

Name in which Policy is issued \_\_\_\_\_ Policy# \_\_\_\_\_

Effective Dates of Policy: From \_\_\_\_\_ To \_\_\_\_\_

Name & Address of Insurance Agent or Authorized Rep. \_\_\_\_\_

\_\_\_\_\_ Ins. No. \_\_\_\_\_

I certify the information above is correct:

Signature of Agent or Rep. \_\_\_\_\_

Date: \_\_\_\_\_