

**PORTAGE COUNTY**

( ) **RAVENNA BRANCH: COURTHOUSE** Office Hrs 8:00 a.m. – 4:00 pm M-F Traffic Sessions Wed. 11:00 a.m. or 1:15 p.m.  
Address 203 W Main St. Ravenna P.O. BOX 958, Ravenna OH 44266 PH. 330-297-3639 Fax 330-297-5867

( ) **KENT BRANCH:** Office Hrs. 8:00 a.m. – 4:00 p.m. M-F. Traffic Sessions: Mondays 1:15 p.m.  
Address: 214 S Water St. Kent OH 44240 PH. 330-678-9100 Fax 330-677-9944

**WAIVERS:** \$125.00 – Minor Misdemeanors (MM) if paid by Court date. \$150.00 after Court date. After 30 days, license will be forfeited.  
Exceptions: Seatbelt \$90.00. MM Reckless Operation and Possession of Marijuana cannot be paid and require an appearance.

**Bonds:** Minor Misdemeanors (MM) \$125.00 before Court date, \$150.00 after Court date. M1, M2, M3, M4 Require Court appearance. Bond to Be determined by arresting officer according to the Court bond schedule.

**PAYMENT:** Payment may be made by mail by check or money order, payable to the Portage County Municipal Court, Do not send CASH in the Mail (Sign ticket and mail check or money order to appropriate address listed above)

Payment may be made by Visa/MasterCard to the following web address: <http://www.co.portage.oh.us/>

Payment may be made by phone to number listed above with Visa/MasterCard. Caller must be cardholder.  
4% fee applies to Visa/MasterCard payments.

**IF YOU DESIRE TO CONTEST THE CHARGE OR IF A COURT APPEARANCE IS REQUIRED,  
YOU MUST APPEAR AT THE COURT ON THE DATE AND TIME INDICATED ON THE BOTTOM OF YOUR TICKET.**

**PROOF OF FINANCIAL RESPONSIBILITY**  
**Ohio Revised Code 4509.101**

Every person who receives a traffic citation in the State of Ohio is required to produce proof of financial responsibility. If you did not show proof to the officer at the time you received the citation, you must provide the proof to the Court.

- 1) AT YOUR INITIAL APPEARANCE IN COURT
- 2) AT THE TIME YOU PAY YOUR TRAFFIC CITATION IN PERSON OR BY MAIL
- 3) IF YOU PAY BY INTERNET, YOU WILL BE NOTIFIED BY THE BUREAU OF MOTOR VEHICLES AND MUST PROVIDE YOUR PROOF TO THEM WITHIN THE TIME INDICATED

Proof must be in the form of one of the following:

- 1) COPY OF INSURANCE POLICY OR COPY OF CARD SHOWING COVERAGE OF VEHICLE OR DEFENDANT ON THE DATE AND TIME OF THE CITATION
- 2) LETTER FROM YOUR INSURANCE AGENT SHOWING THE NAME OF THE INSURANCE COMPANY AND STATING THAT YOU OR THE VEHICLE WAS COVERED ON THE DATE OF THE CITATION

**IF YOU FAIL TO PROVIDE THE REQUIRED PROOF: YOUR NAME WILL BE REPORTED TO THE BUREAU OF MOTOR VEHICLES. A NOTICE OF SUSPENSION OF YOUR OPERATOR'S LICENSE FOR A PERIOD OF NOT LESS THAN 90 DAYS AND IMPOUNDMENT OF YOUR REGISTRATION AND LICENSE PLATES WILL BE SENT TO YOU FROM THE BUREAU OF MOTOR VEHICLES.**