

**PORTAGE COUNTY COMMON PLEAS COURT
203 W MAIN ST., PO BOX 1035
RAVENNA OH 44266-1035
PHONE 330-297-3644 FAX 330-297-4554
www.co.portage.oh.us**

REQUEST OF DRIVING PRIVILEGES

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

MEDICAL: _____

OTHER: _____

INSURANCE COMPANY: _____

POLICY NUMBER (ATTACH PROOF OF INSURANCE): _____

INSURANCE AGENT: _____ TELEPHONE NO: _____

SIGNED