

**IN THE NILES MUNICIPAL COURT  
TRUMBULL COUNTY, OHIO**

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	)	
<b>Petitioner</b>	)	<b>CASE NO.</b> _____
	)	
VS	)	
	)	
State of Ohio	)	<b>REINSTATEMENT FEE</b>
Bureau of Motor Vehicles	)	<b>PAY PLAN</b>
<b>Respondent</b>	)	

Now comes the Petitioner and hereby petitions the Court for a Reinstatement Fee Payment Plan and limited driving privileges as provided in Ohio Revised Code 4510.10 (B)(2) and 4510.021(B). The Ohio Bureau of Motor Vehicles has suspended my driving privileges until \_\_\_\_\_, due to my failure to pay the reinstatement fee. I hereby represent that:

1. I reside within Niles, Weathersfield, McDonald Jurisdiction
2. I have obtained current insurance (**SR22**), a copy of which is attached with this Petition.
3. I understand that any limited driving privileges granted to me shall be contingent upon my maintaining proof of insurance and compliance with BMV requirements.

Wherefore, the Petitioner respectfully requests this Court to grant a Reinstatement Fee Payment Plan and limited driving privileges.

<p><b><i>Please Print:</i></b>          Name: _____          Address: _____          _____          Ohio Driver's Lic. No.: _____</p>	<p>_____  <b>Petitioner's Signature</b>          SS No.: _____          Date of Birth: _____          Phone (home): _____          Phone (cell): _____</p>
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