

FAIRFIELD COUNTY MUNICIPAL COURT
REINSTATEMENT FEE PAYMENT PLAN
LIMITED DRIVING PRIVILEGES
ORC §4510.10

Explanation of Process

If you cannot reasonably pay reinstatement fees due and owing by you to the Ohio Bureau of Motor Vehicles (BMV) relating to a suspension that has been or will be imposed, then you may petition the Court for a payment plan. A payment plan may not be less than \$50 per month. If you otherwise would be entitled to operate a vehicle in this state, but for the payment of the reinstatement fees, then you may petition the Court to operate a motor vehicle solely for the purpose of occupational or family necessity¹ driving privileges.

To file a petition, you will need to:

1. Obtain BMV form #2006 which will state your total due in reinstatement fees. You may obtain this form in person at the BMV, 1583 Alum Creek Drive, Columbus, or by telephone at 614-752-7600 and requesting the form be mailed to your current residence. You must attach this form to the petition.
2. Complete the attached petition.
3. Pay a filing fee of \$60.00 cash or check.
4. Attach proof of insurance in the form of an SR22, which you would obtain from your insurance agent.

The Court will make the determination to grant you reinstatement fee payments and occupational and/or family necessity driving privileges. The Clerk's Office will notify the BMV of the Court's decision. The Court may amend the payment plan and occupational and/or family necessity driving privileges if it determines there is a change in the circumstances, which would be your responsibility to notify the Court, if any changes would occur.

You will receive written notification from the BMV advising you of the reinstatement fee payment requirements. Reinstatement fee payments are made directly to the Ohio Bureau of Motor Vehicles. Your failure to make the payments will result in a termination of the payment plan and your driving privileges.

¹Not statutorily defined

**FAIRFIELD COUNTY MUNICIPAL COURT
 PO BOX 2390
 LANCASTER, OH 43130-5390
 CIVIL DIVISION (740) 687-6621**

IN RE:
REINSTATEMENT FEE PAYMENT PETITION
 (ORC §4510.10)

 COURT CASE NUMBER

Name (Petitioner):			
Address:		City, State, Zip Code:	
Social Security Number:	Date of Birth:	Driver License Number:	Telephone Number:

1. The above named hereby requests the Court to authorize the Petitioner to make monthly payments to the Ohio Bureau of Motor Vehicles to satisfy the reinstatement fee requirements.
2. The Petitioner resides in Fairfield County and has paid the court costs for filing this petition.
3. The Petitioner has affixed a copy of proof of financial responsibility in the form of an SR22.
4. The Petitioner has affixed a copy of the BMV form #2006, indicating a total of reinstatement fees due in the amount of \$ _____.
5. Amount you are able to pay per month (minimum \$50/month): \$ _____.

6. The Petitioner is employed at:			
Name of Employer:			
Street address:			
City, State, Zip Code:			
Days of Week:		Hours:	
THROUGH		AM	PM
The Petitioner is required to drive during working hours:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

7. The Petitioner is requesting driving privileges for family necessity, for the following:			
Days of Week:		Hours:	
THROUGH		AM	PM

All of this information is correct and true to the best of my knowledge.

 Signature