

**VERMILION MUNICIPAL COURT**

Name: \_\_\_\_\_

Case No. \_\_\_\_\_

Address \_\_\_\_\_

**MOTION FOR DRIVING**

\_\_\_\_\_

**DRIVING PRIVILEGES**

Driving Privileges are requested for the following:

- Occupational - If you are requesting occupational privileges please provide the name, address and telephone number of each employer and the days and hours you work.

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- School - Please provide the name, address and telephone number of each school and the days and the days and hours of classes

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- Medical - Please provide the name, address and telephone number of each doctor or other medical provider and the hours of appointment.

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- Other - If you are requesting other privileges please provide the details of your request.

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Undersigned is not to the best of his knowledge under any other suspensions or convictions. The undersigned acknowledges that proof of insurance, proof of employment and a \$10.00 (\$15.00 with interlock) fee will be required prior to a letter to drive being issued by the court. Defendant also acknowledges he/she is in compliance with any payment arrangements with the court.

\_\_\_\_\_  
Defendant Signature

\_\_\_\_\_  
Date

VERMILION MUNICIPAL COURT

JOURNAL ENTRY

Defendant: \_\_\_\_\_

CASE NO. \_\_\_\_\_

Defendant is hereby granted driving privileges for the following with proof of employment and insurance.

- Work
- Medical
- Court Appointments
- Attorney Appointments
- AA/NA - Court Ordered treatment programs
- School \_\_\_\_\_
- Other \_\_\_\_\_
- \_\_\_\_\_

Defendant's request for driving privileges is denied.

\_\_\_\_\_  
W. Zack Dolyk, JUDGE