



KATIE REED, CLERK OF COURTS

BARBERTON MUNICIPAL COURT

*Barberton Municipal Court
576 W. Park Ave
Barberton Ohio, 44203*

OHIO BMV REINSTATEMENT FEES REPAYMENT PLAN AND LIMITED DRIVING PRIVILEGES

If you are unable to pay your reinstatement fees to the BMV you can petition the court for an installment payment plan for the reinstatement fees due at the time you file your Petition for Limited Driving Privileges.

Contact the Bureau of Motor Vehicles (BMV) at (330) 471-1108 or go to the BMV Reinstatement Office located at 306 Second Street SE in Canton to clear up any issues on your license and get documentation from the BMV stating the reinstatement fees due to the BMV.

You must live in Summit County in order to file for a reinstatement fee repayment plan in the Barberton Municipal Court. The filing fee is \$50.00 for residents that live in the Barberton Municipal Court District. If you live outside of the Barberton Municipal Court District (in Summit County), the filing fee is \$120.00. You must bring current proof of insurance and documentation from the BMV verifying the amount you owe in reinstatement fees.

The Civil Division is open Monday through Friday from 8:00 a.m. to 4:30 p.m.

The Following Must Accompany the Form Required for Applying for Driving Privileges:

1. Documentation verifying the amount you owe in reinstatement fees to the Bureau of Motor Vehicles.
2. A filing fee is required (see above). Bring a check or money order made payable to the Barberton Municipal Court. We also accept cash and credit cards.
3. Current proof of insurance.

In the Barberton Municipal Court
Barberton, OH

Print Name
VS
Bureau of Motor Vehicles

Case #

MOTION

Petitioner hereby moves this court for an Order granting Petitioner driving privileges and allowing Petitioner to satisfy the Bureau of Motor Vehicle's reinstatement fee requirements through a reinstatement fee plan or extending the reinstatement fee deadline.

Signature

PETITIONER INFORMATION:

Name: _____ Social Security#: _____
Address: _____ Driver's License#: _____
_____ BMV Case #: _____
Phone: _____ Birth Date: _____

ORDER

This matter came on for hearing before the Court on the Petitioner's Motion. Petitioner's motion is granted pursuant to 4510.10(B)(1) or 4510(B)(2) as follows:

_____ Reinstatement fee plan for \$ _____ each month beginning _____ until _____
(monthly installments of not less than \$50.00)

_____ Extended fee plan beginning _____ until _____
(only one extension may be given per payment plan case)

_____ Limited driving privileges granted per attached letter.

In the event any payment is not timely paid or if a new suspension/block is imposed driving privileges will be terminated.

Judge/Magistrate

BARBERTON MUNICIPAL COURT
APPLICATION FOR LIMITED DRIVING PRIVILEGES

Name: _____ Phone Number: _____
Address: _____
SSN # XXX-XX- _____

PLACE OF EMPLOYMENT: _____ Date Started _____
Employer's Address: _____
Supervisor's Name: _____ Supervisor's Phone No: _____
Days of Work: _____
Work Hours (be specific): _____

MEDICAL TREATMENT (Reason): _____
How Often are treatment(s): _____

EDUCATION (If Attending)
College/School: _____
Days/Hours Attending: _____

AUTO INSURANCE COMPANY: _____
Insurance Agent: _____ Agent Phone No: _____
Policy No: _____
Insurance Coverage Period: _____

Did you have insurance coverage at the time of this offense? YES _____ NO _____

Are your Court Costs & Fines paid? YES _____ NO _____

If not, Amount still owed? Court Costs\$ _____ Fines\$ _____

Date of next payment _____

Under penalty of Falsification, I do hereby swear and attest that all of the information provided on this form is true and accurate to the best of my knowledge.

Defendant Signature

Date