

NEW ALBANY

PROBATION SERVICES

Entry for Occupational Driving Privileges

Defendant: _____ Granted under court-ordered suspension
SSN: _____ DOB: _____ Granted under an ALS
OLN: _____ Case Number: _____ Family plates required
Offense Date: _____ Granted under non-compliance suspension
Address: _____
Place of Employment: _____
ALS Suspension Expires: _____ Court-Ordered Suspension Expires: _____

These privileges begin _____ and are only valid during the following hours:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Leave Home							
Arrive @ Work							
Leave Home							
Arrive @ Work							

Defendant works various hours and days. Defendant must carry a log and work schedule at all times.

Defendant driving during the above hours shall only be for those reasons necessary to avoid the loss of defendant's employment. Defendant must keep a travel log while driving to indicate from where to where defendant is traveling. This log must be shown upon demand to any law enforcement officer. Defendant shall not consume alcohol prior to driving, and shall have no odor of an alcoholic beverage while driving.

This case has been heard in New Albany Mayors Court. These privileges are valid for as long as New Albany Mayor's Court retains jurisdiction. If the defendant's case is transferred to appealed to Franking County Municipal Court, this entry automatically becomes void upon transfer.

Defendant's insurance provider: _____

Other Conditions: _____

I understand I am guilty of operating a motor vehicle under suspension if I operate outside the above limits. I understand that these occupational privileges are revoked if I let my driver's license expire during my suspension period. I understand that after the court-ordered suspension expires on _____, I must pay a reimbursement fee to the BMV to continue driving. If these privileges are for limited driving during an ALS, I understand that a reinstatement fee must be paid to the BMV when this suspension expires.

Defendant Signature _____ Date _____

Mayor / Magistrate Signature _____ Date _____

Probation Officer / Clerk of Court Signature _____ Date _____