



# OHIO BUREAU OF MOTOR VEHICLES

## REINSTATEMENT FEE PLAN

OHIO BUREAU OF MOTOR VEHICLES  
IN-STATE VIOLATIONS UNIT  
P O BOX 16784  
COLUMBUS OH 43216-6784

RE: (Court Case Number)	Court Code:
SUBJECT: (Name)	Date of Birth:
Address:	
City:	
Social Security Number:	Driver License Number:

As provided in Section 4510.10 of the Ohio Revised Code, the court has authorized the above named individual to satisfy the Bureau of Motor Vehicles' reinstatement fee requirements.

- REINSTATEMENT FEE PLAN** (Monthly installments of not less \$50 per month)

From: (Date)	to	(Date)
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- EXTENDED REINSTATEMENT FEE PLAN** (Full payment of fees – not to exceed 180 days)

From: (Date)	to	(Date)
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- Provide notification to Court if individual fails to comply with court order or becomes subject to additional offenses.
- No limited driving privileges granted.
- Limited driving privileges granted.

Clerk:
Court:
City:
Judge:

**NOTE:** Complete this form and mail to the address listed above when unable to electronically transmit information.