

**WAYNE COUNTY JUVENILE COURT DRIVING PRIVILEGES**  
**REQUEST FORM**

CASE NUMBER: \_\_\_\_\_

**THIS DOES NOT GUARANTEE YOU DRIVING PRIVILEGES**

**PLEASE FILL OUT THIS FORM AND RETURN IT TO THE COURT**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

SCHOOL(S) ATTENDING: \_\_\_\_\_

SPORTS/ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

LOCATIONS: \_\_\_\_\_

OTHER: \_\_\_\_\_

\_\_\_\_\_

PLEASE SUBMIT A COPY OF INSURANCE WITH THE VEHICLE YOU ARE DRIVING, WITH YOUR NAME ON THE CARD OR DECLARATION PAGE WITH CURRENT POLICY DATES. IT IS YOUR RESPONSIBILITY TO KEEP THE COURT PROVIDED WITH CURRENT POLICY DATES.