

**THE OTTAWA COUNTY MUNICIPAL COURT  
OTTAWA COUNTY, OHIO**

**STATE OF OHIO  
Plaintiff,**

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

**-VS-**

\_\_\_\_\_  
**Defendant.**

**REQUEST FOR ALS APPEAL  
HEARING AND OCCUPATIONAL  
PRIVILEGES**

\* \* \* \* \*

The above named Defendant hereby appeals the automatic license suspension issued on \_\_\_\_\_, 20\_\_\_\_ and further requests a hearing thereon; or in the alternative, the Defendant requests a hearing for occupational driving privileges.

\_\_\_\_\_  
Defendant/Attorney Signature

This appeal must be filed no later than your initial appearance in Court. Please bring proof of insurance and proof of employment to the hearing with you.