OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

APPLICATION TO TERMINATE JUDGMENT SUSPENSION

Ohio Revised Code 2329.07(B)(1)

This application applies to any person who has an open judgment suspension that has had no action for 10 years.

ELIGIBILITY – You must meet all of the requirements:

1. Provide current proof of insurance in your name: Identification card, Policy Declaration's page or SR-22.
2. The judgment against you must be at least 15 years old without an execution of judgment, garnishment or lien filed in the last 10 years and there is no process in aid of execution pending or continuing.
3. This form must be signed and notarized.

LAST NAME	FIRST NAME		MIDDLE NAME
DRIVER LICENSE NUMBER	DATE OF BIRTH		
ADDRESS (STREET)			
CITY	STATE	ZIP	BMV CASE NUMBER

Your application and proof of insurance may be submitted by mail, fax, or e-mail. The application must be legible or a delay in processing may occur.

By Mail:	**By E-mail**: Insuranceproof@dps.ohio.gov	**For questions or additional information:**
Ohio BMV ATTN: Compliance P.O. Box 16520 Columbus, OH 43216-6520	**By Fax:** (614) 308-5173	Please visit: www.bmv.ohio.gov **Or call:** Toll Free: (844) 644-6268

JUDGMENT INFORMATION

COURT NAME	COURT CASE NUMBER	COUNTY OF COURT
PLAINTIFF / INSURANCE COMPANY		DATE OF JUDGMENT

I certify that none of the following has occurred in the last 10 years for this judgement:

- No execution on a judgment has been issued.
- No garnishments have been issued or is continuing.
- No certificate of judgment for lien upon lands and tenements has been issued and filed.
- No proceeding in aid of execution has been commenced or is continuing.

APPLICANT SIGNATURE	DATE
X	

Notary:

Sworn to and subscribed in my presence this _____ day of _____, 20 ____ in _____ County, State of _____.

(Notary Seal)

Signature of Notary Public **X**_____ My commission expires _____