



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

REPORT OF CONVICTIONS INSTRUCTIONS TO THE COURT

- All Courts may use this form to **report convictions** where there is **no uniform traffic ticket (UTT)**. **Do not use** this form for parking violations.
- If the license is **suspended or revoked**, please send the license with this report to: Ohio Bureau of Motor Vehicles, License Verification Unit, P.O. Box 16784, Columbus, Ohio 43216-6784.

DATE OF BIRTH (Month, Day, Year)			DRIVER LICENSE NUMBER		
NAME OF DEFENDANT (Last, First, Middle)					
ADDRESS OF DEFENDANT (Street and Number or RDF Number)					
CITY OR VILLAGE		COUNTY OF RESIDENCE		STATE	ZIP CODE
TYPE OF DRIVER LICENSE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> TEMPORARY				SOCIAL SECURITY NUMBER	
LICENSE PLATE NUMBER		DATE OF OFFENSE		IS THIS A MOVING VIOLATION <input type="checkbox"/> YES <input type="checkbox"/> NO	
SECTION OF THE LAW OR ORDINANCE VIOLATION					
COURT CODE		COURT NAME		CASE NUMBER	
FR SHOWN TO OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO	NO FR SHOWN TO COURT – <input type="checkbox"/> BMV TO PROCESS	TYPE OF VEHICLE OPERATED <input type="checkbox"/> PASS <input type="checkbox"/> COMM <input type="checkbox"/> CYCLE <input type="checkbox"/> OVER 26001 <input type="checkbox"/> BUS <input type="checkbox"/> HAZMAT			

YOU CAN PUT MULTIPLE OFFENSES ON ONE FORM AND ARE ENCOURAGED TO DO SO.

IF BOND FORFEITURE, DATE FORFEITED							
CONVICTION DATE							
PLEA CODE							
BMV OFFENSE CODE							
IF AMENDED, BMV OFFENSE CODE							
UNDERLYING CONVICTION							
SPEED DETAILS/BLOOD ALCOHOL COUNT							
POINTS ASSESSED							

- License Suspended _____ days/months effective _____ to _____
- MO-Limited Driving Privileges effective _____ to _____
(See Separate Entry) Suspension is on Count _____ FRA Suspension
- OL Confiscated – Date sent to BMV _____
- Waive Probationary 2 or Probationary 3 Suspension (Ohio Revised Code 4510.31)
- Court Ordered Parent / Guardian Restriction effective. _____ to. _____

I hereby certify that the above statements are taken from the records of this Court.

AUTHORIZED SIGNATURE X	DATE
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SEND TO: Ohio Bureau of Motor Vehicles, License Verification Unit, P.O. Box 16784, Columbus, Ohio 43216-6784