

**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.