



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

REPORT OF CONVICTIONS INSTRUCTIONS TO THE COURT

1. 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.
2. **If the license is suspended or revoked**, please send the license with this report to: Ohio Bureau of Motor Vehicles, In-State Violations, P.O. Box 16784, Columbus, OH 43216-6784.

DO NOT WRITE IN THIS SPACE	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			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		
CASE NUMBER		FR SHOWN TO OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO			NO FR SHOWN TO COURT – BMV TO PROCESS <input type="checkbox"/>		
IF BOND FORFEITURE, DATE FORFEITED	SPEED	OMVI	LICENSE	CHILD RESTRAINT			SPEED DETAIL
	CONVICTION DATE						
MOVING VIOLATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
PLEA CODE							
POINTS ASSESSED							
BMV OFFENSE CODE							
IF AMENDED, OFFENSE CODE							
FOR BMV USE							

Suspension Class
 License Suspended _____ days/months eff. _____ to _____
 MO-Limited Driving Privileges eff. _____ to _____
 (See Separate Entry) Suspension is on Count _____ FRA SUSPENSION
 License Forfeiture – See Separate BMV Form 2528
 OL Confiscated – Date sent to BMV _____
 I hereby certify that the above statements are taken from the records of this Court. DATE: _____

Authorized Signature: X
 Send completed copy to Ohio Bureau of Motor Vehicles, P.O. Box 16784, Columbus, Ohio, 43216-6784.