

ON PROSECUTOR LETTERHEAD

TO: Indiana Bureau of Motor Vehicles (“**BMV**”)

DATE:

1. Include one of the following statements as applicable:

- ☐ I am the Prosecuting Attorney;
- ☐ I am a Deputy Prosecuting Attorney; or
- ☐ I am a person assigned by the Prosecuting Attorney to make this request.

2. This office of Prosecuting Attorney (the “**Office**”) is requesting the following certified documents from the BMV pertaining to the person identified below because this Office is investigating or prosecuting this person for an offense:

- ☐ Habitual Traffic Violator (“**HTV**”) packet.
- ☐ All driver’s photos on file.
- ☐ Other (specify document(s)): _____.

Name*: _____
(first name, middle name, last name)

DOB*: _____
(mm/dd/yyyy)

IN driver’s license number*: _____

Social Security number*: _____

Case cause number or investigation report identifying number**: _____

*Provide this information if available to facilitate a match to BMV records.

**Required field of information.

3. By submitting this document, I am requesting “motor vehicle records,” as defined by I.C. § 9-14-3.5-4, containing “personal information” that the BMV maintains. “Personal information” is defined by Ind. Code § 9-14-3.5-5 as information that identifies a person, and includes that person’s digital photograph; Social Security number; driver’s license or identification document number; name; address (but not the 5-digit zip code); telephone number; and medical or disability information. I understand all of the legal requirements that apply to motor vehicle records and personal information. The use of the motor vehicle records and personal information will be strictly limited to the performance of the governmental functions of the Prosecuting Attorney, as authorized by I.C. § 9-14-3.5-10.

4. This Office will maintain an audit trail for the information obtained from the BMV.

(Printed name)

(Signature)