

STATE OF INDIANA)
) SS:
COUNTY OF CASS)

IN THE CASS CIRCUIT COURT
CASE NO. _____

IN RE THE _____ OF:

Petitioner,
V.

Respondent.

APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE

This Appearance Form must be filed on behalf of every party in a civil case,

1. My Name is: _____ and I am

Initiating (filing) _____;
Responding (answering or defending) _____; or
Intervening _____;

in this case and am representing myself.

2, Contact information for receiving legal service of documents and case information is required by Court Rules: *(NOTE: If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address/or the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner)*

Address: _____

Email Address: _____

Phone: _____

FAX: _____

OR, if in the related case, you have used the Attorney General Confidential address, you may check the box below:

_____. Attorney General confidential address (contact the Attorney General at 1-800-321-1907 or e-mail address is confidential@atg.state.in.us).

3. This is a _____ case type as defined in administrative Rule 8(B)(3).
(Clerk will supply this information.)

4. I will accept service by FAX at the following number _____

5. This case is a domestic relations matter, involves Uniform1 Reciprocal Enforcement of support (URES), paternity, delinquency, Child in Need of Services (CHINS), guardianship, or any other proceedings in which support may be an issue, and social security numbers of all family members are supplied on a separately attached document (Form TCM-TR3.1-4) filed as confidential information on light green paper.

_____ Yes _____ No

6. There are related cases: Yes_____ No_____ (If yes, please indicate below.)

Caption and case number of related cases:

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

7. Additional information required by local rule:

Self-Represented Party

INSTRUCTIONS FOR COURT ORDER TITLES

- A POLICE INSPECTION MUST BE DONE FIRST
- BRING THE POLICE AFFIDAVIT AND OTHER PAPERWORK IN WITH YOU

- PETITIONER MUST BE PRESENT AND HAVE A VALID DRIVER'S LICENSE

- CLERK WILL ASSIGN AN "MI" NUMBER AND ACCESS THE FILING FEE ONCE PAPERWORK HAS BEEN FILLED OUT

- FILING FEE MUST BE PAID AT THE TIME OF FILING
PAID BY CASH, MONEY ORDER OR CREDIT/DEBIT CARD

- BMV REQUIRES THEIR PAPERWORK ALONG WITH COURTS ORDER BE SENT TO THE STATE TO OBTAIN THE TITLE

STATE OF INDIANA)
) SS:
 COUNTY OF CASS)

IN THE CASS CIRCUIT COURT
 CAUSE NO. _____

IN THE MATTER OF THE PETITIONER'S)
 PETITION FOR AN ORDER TO THE)
 INDIANA BUREAU OF MOTOR VEHICLES)
 TO ISSUE A CERTIFICATE OF TITLE)
)
)
)
)
)
)
 _____)
 Petitioner)

**VERIFIED PETITION FOR A COURT ORDER TO THE INDIANA BUREAU OF
 MOTOR VEHICLES TO ISSUE A CERTIFICATE OF TITLE**

PLEASE PRINT

I, _____ (the Petitioner) being duly sworn upon my oath to tell the truth, now states as follows:

1. I am at least eighteen (18) years of age and I am competent to make and file this verified petition, and by doing so I am specifically requesting that the Cass Circuit Court, after reviewing and relying upon the statements made by me herein, to issue an order requiring the Indiana Bureau of Motor Vehicles to issue to me a certificate of title for the vehicle described below.

2. I am the true legal owner of the following described vehicle:

Year: _____

Make: _____

Model: _____

Vehicle Identification Number (VIN): _____

3. I acquired possession of the above-described vehicle on or about the _____ day of _____, 20____, from _____

(The Prior Owner) who has the following address:

4. The above-described vehicle was obtained by me from the Prior Owner in the following manner:

GIFT, and the fair market value of this vehicle is \$_____

OR

I PURCHASED THE VEHICLE for \$, _____ (ATTACH A BILL OF SALE OR OTHER PROOF OF PURCHASE).

(If you did **not** receive possession of the vehicle as a gift or by purchase, then specifically describe how you obtained possession of the vehicle and why you believe that you should now be the legal owner:

5. To the best of my knowledge the last certificate of title for this vehicle was issued by the State _____ and in the name of _____

6. I have not obtained a certificate of title from the prior owner because _____

(If the certificate of title has been destroyed or lost, explain why the Prior Owner cannot apply to the Indiana Bureau of Motor Vehicles for a duplicate title:

7. To the best of my knowledge there are no liens, encumbrances, or other security interests on the vehicle.

8. To the best of my knowledge no other person has a legitimate claim of ownership to the vehicle.

9. Upon the issuance of a new certificate of title to me, the following person or entity should be noted as having a legal or equitable interest (lien) on the vehicle and designated on the title as a lien holder as security for an existing loan or obligation:

Name: _____

Address: _____

10. The following information about me is true and correct:

Name: _____

Address: _____

PHONE NUMBER: _____

DATE OF BIRTH: _____

OPERATOR'S LICENSE NO. _____ STATE OF _____

11. I understand that this petition is made under oath, subject to the pains and penalties for perjury, and that this petition affects my legal rights as well as the rights of the Prior Owner

**I AFFIRM UNDER THE PENALTIES FOR PERJURY, A CRIMINAL OFFENSE
PUNISHABLE BY IMPRISONMENT AND THE PAYMENT OF FINES AND COSTS,
THAT THE FOREGOING FACTS AND STATEMENTS ARE TRUE AND CORRECT.**

Date

Signature