CLEAR FORMS PRINT FORMS

STATE OF INDIANA) IN THE COUNTY YOU WILL FILE YOUR DOCUMENTS IN COURT YOU WILL FILE IN. IF YOU DON'T KNOW, LEAVE THIS BLANK COURT
)SS:
COUNTY OF COUNTY YOU WILL FILE YOUR DOCUMENTS IN) CAUSE NO. LEAVE BLANK

IN RE THE MATTER OF:)
)
YOUR NAME AS IT APPEARS ON YOUR LICENSE)
Petitioner,)
)
v.)
)
COUNTY YOU WILL FILE YOUR DOCUMENTS IN County)
Prosecutor and The Commissioner)
for the Indiana Bureau of Motor)
Vehicles,)
Respondent.)

Petitioner Date of Birth YOUR DATE OF BIRTH
Petitioner Operator License YOUR LICENSE NUMBER

APPEARANCE BY UNREPRESENTED PERSON IN CIVIL CASE

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

1. My name is YOUR NAME and I am filing this case on my own behalf. I am not represented by a lawyer.

2. Contact information for receiving legal service of document and case information as required by Court Rules.

Address: YOUR ADDRESS

Email address: YOUR EMAIL ADDRESS

CHECK THIS BOX IF YOU ONLY WANT THE COURT TO EMAIL YOU ABOUT YOUR CASE. → ☐ *I will accept service at the above email address.*

Phone: YOUR PHONE NUMBER
Fax: YOUR FAX NUMBER, IF YOU HAVE ONE

3. This is an MC case type as defined in Administrative Rule 8(B)(3).

4. There are related cases: *(If yes, please indicate below)*

IF THERE ARE OTHER CASES RELATED TO THIS FILING, LIKE THE CASES THAT CAUSED YOU TO HAVE FEES, CHECK YES.

☐ Yes
☐ No

Approved by the Coalition for Court Access Best Practices Group CCA-MC-0519-3018

Caption and case number of related cases:

FILL THIS IN WITH INFORMATION ON ANY RELATED CASES

Caption: _____ Case No.:_____

Caption: _____ Case No.:_____

Caption: _____ Case No.:_____

Caption: _____ Case No.:_____

Caption: _____ Case No.:_____

Caption: _____ Case No.:_____

Additional information as required by local rule:

IF ADDITIONAL INFORMATION IS REQUIRED, PUT IT HERE.

PRINT THIS DOCUMENT AND SIGN HERE

Signature

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of the document to:

The Commissioner for the Indiana Bureau of Motor Vehicles by

☐ electronic transmission **or**

☐ US Mail at:

Indiana Government Center North
Room 402
100 North Senate Avenue
Indianapolis, IN 46204

YOU SHOULD CHECK THE BOXES THAT TELL THE COURT HOW THESE FORMS WILL GET TO THE BMV AND THE PROSECUTOR. YOU CAN ASK THE CLERK WHICH TO CHECK WHEN YOU FILE THIS AT THE COURTHOUSE.

AND

the _____ County Prosecutor by

☐ US Mail **or**

☐ hand delivery **or**

☐ electronic transmission

on DATE YOU SEND THIS TO THE BMV AND PROSECUTOR.

DATE
Date

PRINT THIS FORM AND SIGN HERE
Signature

YOUR NAME
Printed Name

Approved by the Coalition for Court Access Best Practices Group CCA-MC-0519-3018

STATE OF INDIANA)
)SS:
COUNTY OF _____)

IN THE _____ COURT

CAUSE NO._____

_____
Petitioner,

v.

_____ County Prosecutor and the Commissioner for the Indiana Bureau of Motor Vehicles, Respondent.

Petitioner Date of Birth DATE OF BIRTH
Petitioner Operator License LICENSE NUMBER

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE FIRST FORM YOU FILLED OUT AND COPY THE INFORMATION HERE.

VERIFIED PETITION TO WAIVE RE-INSTATEMENT FEES

Comes now the Petitioner, and for their Verified Petition to Waive Re-Instatement Fees now states as follows:

1. I am indigent (See attached Affidavit of Indigency)

2. I reside in COUNTY YOU LIVE IN County, Indiana at the following address:

YOUR ADDRESS.

3. I owe fees to the Indiana Bureau of Motor Vehicles in the sum of $AMOUNT YOU OWE for reinstatement of my driver's license. (See attached BMV Notice).

4. I will bring proof of future financial responsibility (i.e. proof of insurance) to the court hearing.

5. My birthdate is YOUR BIRTHDATE.

6. The last four (4) digits of my driver's license number are LAST FOUR DIGITS OF YOUR LICENSE NUMBER.

7. I seek waiver of these reinstatement fees for the following reasons:

WHY YOU WANT THE COURT TO GET RID OF YOUR REINSTATEMENT FEES.
EXPLAIN WHY YOU CANNOT PAY THEM.

I hereby affirm under penalties for perjury that the foregoing statements are true and correct.

DATE
Date

PRINT THIS FORM AND SIGN HERE
Signature

Approved by the Coalition for Court Access
CCA-MC-0619-2032

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of the document to:

YOU SHOULD CHECK THE BOXES THAT TELL THE COURT HOW THESE FORMS WILL GET TO THE BMV AND THE PROSECUTOR. YOU CAN ASK THE CLERK WHICH TO CHECK WHEN YOU FILE THIS AT THE COURTHOUSE.

The Commissioner for the Indiana Bureau of Motor Vehicles by

☐ electronic transmission **or**

☐ US Mail at:

Indiana Government Center North
Room 402
100 North Senate Avenue
Indianapolis, IN 46204

AND

the _____ County Prosecutor by

☐ US Mail **or**

☐ hand delivery **or**

☐ electronic transmission

on DATE YOU SEND THIS TO THE BMV AND PROSECUTOR.

DATE _____
Date

PRINT THIS FORM AND SIGN HERE
Signature

YOUR NAME
Printed Name

Approved by the Coalition for Court Access CCA-MC-0619-2032

STATE OF INDIANA

IN THE _____ COURT

COUNTY OF _____

CAUSE NO._____

IN THE MATTER OF:

_____
Petitioner,

v.

_____ County Prosecutor
and The Commissioner for the Indiana
Bureau of Motor Vehicles,
Respondents.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE FIRST FORM YOU FILLED OUT AND COPY THE INFORMATION HERE.

SUMMONS

TO: The Commissioner for the Indiana Bureau of Motor Vehicles, Indiana Government Center North, Room 402, 100 North Senate Avenue, Indianapolis, Indiana 46204

The above named Petitioner has filed a case in the court stated above for a waiver of re-instatement fees.

The nature of the suit is waiver of re-instatement fees and is stated in the Petition which is attached to this document.

If you take no action the court may grant the relief requested.

I request service in the following manner:

YOU SHOULD CHECK THE BOX THAT TELLS THE COURT HOW THESE FORMS WILL GET TO THE COMMISSIONER FOR THE BMV. YOU CAN ASK THE CLERK WHICH TO CHECK WHEN YOU FILE THIS AT THE COURT HOUSE.

the COUNTY County Prosecutor by

- ☐ US Mail **or**
- ☐ hand delivery **or**
- ☐ electronic transmission **or**
- ☐ service by sheriff

Date: LEAVE BLANK

LEAVE BLANK
Clerk, COUNTY County Court

YOUR NAME
YOUR ADDRESS
_____
_____

Approved by the Coalition for Court Access
CCA-MC-0819-2034

STATE OF INDIANA

IN THE _____ COURT

COUNTY OF _____

CAUSE NO._____

IN THE MATTER OF:

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE FIRST FORM YOU FILLED OUT AND COPY THE INFORMATION HERE.

_____
Petitioner,

v.

_____ County Prosecutor
and The Commissioner for the Indiana
Bureau of Motor Vehicles,
Respondents.

SUMMONS

TO: The COUNTY County Prosecutor, at:
PROSECUTOR'S ADDRESS

The above named Petitioner has filed a case in the court stated above for a waiver of re-instatement fees.

The nature of the suit is waiver of re-instatement fees and is stated in the Petition which is attached to this document.

If you take no action the court may grant the relief requested.

I request service in the following manner:

YOU SHOULD CHECK THE BOX THAT TELLS THE COURT HOW THESE FORMS WILL GET TO THE COMMISSIONER FOR THE BMV. YOU CAN ASK THE CLERK WHICH TO CHECK WHEN YOU FILE THIS AT THE COURT HOUSE.

the COUNTY County Prosecutor by

- ☐ US Mail **or**
- ☐ hand delivery **or**
- ☐ electronic transmission **or**
- ☐ service by sheriff

Date: LEAVE BLANK

LEAVE BLANK
Clerk, COUNTY County Court

YOUR NAME
YOUR ADDRESS
_____
_____

Approved by the Coalition for Court Access
CCA-MI-0819-2033

STATE OF INDIANA)
)SS:
COUNTY OF _____)

IN THE _____ COURT

CAUSE NO._____

_____
Petitioner,

Petitioner Date of Birth _____
Petitioner Operator License _____

v.

_____ County Prosecutor and the Commissioner for the Indiana Bureau of Motor Vehicles,
Respondent.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE OTHER FORMS YOU FILLED OUT AND COPY THE INFORMATION HERE.

INDIGENCY AFFIDAVIT

The Petitioner now states:

1. I wish to file this action and I believe that I have a case with merit.
2. I cannot pay any of the filing fees or other costs of this action because I do not have sufficient income or resources.
3. I cannot pay any of the re-instatement fees required by the BMV because I do not have sufficient income or resources.
4. I live with PEOPLE YOU LIVE WITH.
5. Our family's income is $TOTAL INCOME LISTED BELOW per month. (Total from below)

Income received ***each month***, before taxes:

Wages ($HOURLY PAY per hour x NUMBER OF HOURS YOU WORK PER MONTH hours **per month**)	$ MONTHLY WORK INCOME
Unemployment Compensation	$ MONTHLY UNEMPLOYMENT YOU GET
AFDC/TANF Benefits	$ MONTHLY AFDC/TANF BENEFITS YOU GET
SSI/SSD Benefits	$ MONTHLY SSI/SSD BENEFITS YOU GET
Child Support	$ MONTHLY CHILD SUPPORT YOU GET
Other (please describe)	$ ANY OTHER INCOME YOU GET

Total Income: $ YOUR TOTAL INCOME

6. We have $AMOUNT YOU HAVE IN THE BANK in the bank.
7. Our expenses total $TOTAL EXPENSES BELOW per month. (Total from below)

Expenses spent ***each month***:

Housing (Rent, Contract, or Mortgage)	$ MONTHLY HOUSING COSTS
Utilities (Gas, Elective, Water, Phone, etc.)	$ MONTHLY UTILITY COSTS
Food	$ MONTHLY AMOUNT SPENT ON FOOD
Child Care	$ MONTHLY AMOUNT FOR CHILD CARE

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Medical Bills	$ MONTHLY MEDICAL BILLS
Transportation	$ MONTHLY AMOUNT FOR TRANSPORTATION
Insurance (car, medical, and/or property	$ MONTHLY INSURANCE AMOUNT
Child Support	$ MONTHLY CHILD SUPPORT YOU PAY
Other (please describe)	$ OTHER PAYMENTS YOU HAVE TO MAKE EACH MONTH

Total Expenses: $ TOTAL OF YOUR EXPENSES

I request that this Court waive all costs of this action and allow me to proceed without the payment of any filing fees or other costs.

I request that this Court Order the BMV to waive all or part of the re-instatement fees assessed against me.

I affirm under the penalties of perjury that the foregoing representations are true.

Date: DATE

PRINT THIS FORM AND SIGN HERE
Signature

YOUR NAME
Printed Name

Approved by the Coalition for Court Access CCA-MC-0619-2031

STATE OF INDIANA

IN THE _____ COURT

COUNTY OF _____

CAUSE NO._____

IN THE MATTER OF:

_____
Petitioner,

Petitioner Date Of Birth _____
Petitioner Operator License Number_____

v.

_____ County Prosecutor and The Commissioner for the Indiana Bureau of Motor Vehicles,
Respondents.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE FIRST FORM YOU FILLED OUT AND COPY THE INFORMATION HERE.

ORDER SETTING HEARING

A Verified Petition To Waive Re-Instatement Fees has been filed in this Court. The Court now sets this matter for hearing. The parties must be prepared to present evidence in support of their petition. Failure to appear may result in matters being decided in your absence.

IT IS SO ORDERED that this matter shall be heard on:

LEAVE BLANK.

Dated: LEAVE BLANK

LEAVE BLANK
Judicial Officer

Distribution:
COUNTY County Prosecutor
PROSECUTOR ADDRESS

The Commissioner for the Indiana Bureau of Motor Vehicles
Indiana Government Center North, Room 402
100 North Senate Avenue
Indianapolis, Indiana 46204
YOUR NAME
YOUR ADDRESS

Approved by the Coalition for Court Access
CCA-MC-0819-2035

STATE OF INDIANA)
)SS:
COUNTY OF _____)

IN THE _____ COURT

CAUSE NO._____

_____
Petitioner,

v.

_____ County Prosecutor and the Commissioner for the Indiana Bureau of Motor Vehicles, Respondent.

Petitioner Date of Birth_____
Petitioner Operator License_____

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE OTHER FORMS YOU FILLED OUT AND COPY THE INFORMATION HERE.

ORDER WAIVING DRIVER'S LICENSE REINSTATEMENT FEE

The Petitioner, YOUR NAME, self-represented, having filed their Verified Petition for Waiver of Driver's License Reinstatement Fee and this Court having reviewed the same now **GRANTS** said petition.

SO ORDERED LEAVE BLANK.

LEAVE BLANK
Judicial Officer

DISTRIBUTION:

COUNTY YOU FILE IN County Prosecutor's Office
Indiana Bureau of Motor Vehicles, Indiana Government Center North, Room 402, 100 North Senate Avenue, Indianapolis, IN 46204
YOUR NAME, Petitioner, YOUR ADDRESS

Approved by the Coalition for Court Access CCA-MC-0619-2034