## <u>INSTRUCTIONS FOR FILING</u> MOTOR VEHICLE TITLE (Court Order Title)

### Fill out the following:

1. The **Petition** (Verified Request for an Order Requiring the Indiana Bureau of Motor Vehicles to Issue a Title).

## You MUST include the following items with this petition.

- a. Bill of sale or other document showing ownership.
- b. Affidavit of Police Officer Physical Inspection
- c. Driver's License
- 2. Fill in all the blanks on the **PETITION**.
- 3. Bring all completed forms back to the Clerk's Office and file forms. <u>Cost is \$157.00 \*\*NO PERSONAL CHECKS ACCEPTED\*\*</u>
- 4. Hearing dates will be scheduled according to the Harrison County Circuit Court's schedule.

# \* YOU WILL BE REQUIRED TO APPEAR FOR THIS HEARING TO HAVE YOUR COURT ORDER SIGNED.\*

STATE OF INDIANA		HARRISON CIRCUIT COURT							
COUNTY OF HARRI	) SS: (SON )	CASE #							
IN THE MATTER OF VEHICLE TITLE RE FOR VIN#									
	N-20	JEST FOR COURT VEHICLE TITLE							
	ndiana Bureau of Motor V	and requests that the Court Vehicles to issue a title for the following ader oath, that the following is true:							
	Petitoner's Full Name	:							
	Petitoner's Address:								
	County Of Residence: Telephone - Home: Telephone - Cell: Date of Birth:	,							
	Description of Vehicle Type of Vehicle: Manufacturer: Make/Model: Year: Estimated Value: VIN:	e:							

Present location of vehicle:
State the name, address, and all other known information regarding the previous owner and the owner of record of the current title:
Describe how you acquired or came into possession of the vehicle:
Describe the efforts you made and why you cannot obtain a title for the vehicle:
Please attach any documents including bills of sale, titles, police checks, etc.
Any other information you want the Court to consider (attach pages if needed)
I affirm under the penalties for perjury that the foregoing representations are true.
Date: Signature
Printed



INSTRUCTIONS: 1. Complete in blue or black ink or print form.

	VEHICLE OR WATE	RCRAFT INFORMATIO	N							
Vehicle or Hull Identification Number										
Year	Make	Mode	Model (If							
	SALE IN	FORMATION								
Purchase Price		Date of Sale (mm/	Date of Sale (mm/dd/yyyy)							
Purchaser Name(s) (last, first, mid	dle initial or company name)									
Address (number and street)										
City			State	ZIP Co	ZIP Code					
amount. I certify that the veh	convey all rights for the above volicle/watercraft is not subject to a rmation I have entered on this for y.	ny liens that are the res	ponsibility of t	ne seller.	may					
Printed Seller Name (last, first, mid	dle initial or company name)									
Signature of Seller		Date (mm/dd/yyyy)								
Printed Seller Name (last, first, mid	dle initial or company name)			-						
I swear or affirm that the info the crime of perjury.	rmation entered on this form is c	orrect. I understand the	at making a fals	e statement may co	nstitute					
Signature of Purchaser	Date (mm/dd/yy	Date (mm/dd/yyyy)								
Printed Purchaser Name (last, first,	middle initial or company name)									
Signature of Purchaser	Date (mm/dd/yy	Date (mm/dd/yyyy)								
Printed Purchaser Name (last, first,	middle initial or company name)									



### PHYSICAL INSPECTION OF A VEHICLE OR WATERCRAFT

State Form 39530 (R5 / 12-11) Approved by State Board of Accounts, 2011 INDIANA BUREAU OF MOTOR VEHICLES

#### INSTRUCTIONS:

- 1. Approved inspector must complete information in blue or black ink or print form.
- 2. The vehicle identification number (VIN) or hull identification number (HIN) must be inspected to verify the existence and condition of the number. An ownership document is not required to be submitted for inspection.
- 3. Inspections may be performed by an employee of a dealer designated by the Indiana Secretary of State, a military policeman assigned to a military post in Indiana, a police officer, or a designated employee of a BMV full or partial service license branch.

  4. Police officers completing this form may not charge a fee of more than \$5.00 for vehicles. No fee may be collected for watercraft
- inspections. Authorized Indiana dealers and BMV full or partial service license branches may not assess a fee.
- 5. Dealers may not perform watercraft inspections.

						OWNE	R INF	ORMATION	l e						
Name (I	ast, first,	middle initial or compa	ny name		THE PERSON NAMED IN										
Address	/aumha	s and atract)													
Address	(numbe	r and street)													
City												State ZIP Code			
1981 (** . S.				VE	HICLE (	OR WA	TERC	RAFT INFO	DRMATI	ON				Self Control	
Identific	ation Nu	mber			T					□ NO	NE (sei	ect if no	identific	ation number	found)
Year		Make	M	Model		Т,	Туре		Plate Number / State				Watercraft Registration		
												Number, if applicable			
For as	sembl	ed vehicles or w	atercraf	t include	serial r	number	s for	major com	ponent	parts if	presen	t:			
Engine /	Motor							Transmission							
Body Chassis							Front Assembly								
Rear Clip							Frame								
Other (s	pecify):														
*IDAC	S/NC	IC Check (require	ed if form	is comp	leted by	a police	office	er)							
Date Check Performed (mm/dd/yyyy) Comments															
		firm that the info		I have e	entered o	on this	form	is correct.	I under	stand m	aking	a false	statem	ent may	
Signature of Inspector			100 00 50	Printed Name				Title			Date (mm/dd/yyyy)				
Badge / Branch / Dealer Number				Police Department / Branch / Dealer		anch / Dealersh	hip City			ZIP Code					
Telephone Number					Email Address										
(	)														