

INSTRUCTIONS FOR COURT ORDER TITLE

- A POLICE INSPECTION MUST BE DONE BEFORE FILING
- BRING COMPLETED **SIGNED AND NOTARIZED** PAPERWORK BACK TO THIS OFFICE
- PETITIONER MUST BE PRESENT AND HAVE VALID DRIVERS LICENSE
- FILING FEE IS \$157.00 PAYABLE BY CASH/MONEY ORDER OR CREDIT/DEBIT
- TAKE PAPERWORK TO THE SUPERIOR COURT ROOM ON 3RD FL. FOR ORDER
- YOU MAY WANT TO GO ONLINE AT: **IN.gov** (Bureau of Motor Vehicles Title Forms) For other forms that may pertain to your specific situation

STATE OF INDIANA) IN THE NOBLE SUPERIOR COURT
) SS: DIV 1
COUNTY OF NOBLE) 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 Noble Superior Court,
Div. 1, 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/
mobile home/ trailer described below.

2. I am the true legal owner of the following described vehicle/ mobile home/ trailer:

Year: _____

Make: _____

Model: _____

Vehicle Identification Number (VIN): _____

3. I acquired possession of the above-described vehicle/ mobile home/ trailer on or about the _____ day of _____, 20____. From _____

(the Prior Owner) who has the following address:

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

GIFT, and the fair market value is \$ _____

OR

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

(If you did not receive possession of the vehicle/mobile home/trailer as a gift or by purchase, then specifically describe how you obtained possession of the vehicle/mobile home/trailer 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/mobile home/trailer was issued by the State of 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/mobile home/trailer.

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

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/mobile home/ trailer 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

Subscribed and sworn to before me, a person authorized under law to administer oaths, this

_____ day of _____, 20_____.

Signature

Office Held

Printed Name

My Commission Expires

Commission Number _____

County of Residence _____



COURT ORDER
Title Application Checklist

If you are unable to establish ownership through any one of the available BMV title application processes, you must obtain a court order. Once you have received the court order, you may apply for a certificate of title through the BMV.

Applications for a certificate of title for a vehicle or watercraft using the court order process are processed by the BMV Central Office. Prior to submitting each application, verify that all required information is included. Contact (888) 692-6841 with any questions.

When submitting paperwork, include the following:

- Application for Certificate of Title for a Vehicle – State Form 205 or Application for a Certificate of Watercraft Title – State Form 38529
- Court Order. The order must establish ownership, provide the VIN, direct the BMV to issue a certificate of title to the owner, and contain the signature of the judge and court seal or stamp, and the address of person(s) who is entitled to ownership of the vehicle. The order must be error free. Erasures or altered orders will not be accepted.
- Physical Inspection of a Vehicle or Watercraft – State Form 39530 completed by law enforcement or an employee of a BMV license branch. If the VIN/HIN on the inspection does not match the VIN/HIN on the court order, a corrected court order will be required before the transaction can be processed.
- Odometer Disclosure Statement – State Form 43230. May be completed by the court appointed owner. All trailers and motor vehicles weighing over 16,000 pounds are exempt.
- Mobile Home Permit – State Form 7878 (if a manufactured home). Must be completed by the County Treasurer.
- One proof of address. A driver's license or identification card may be accepted as proof if the address on the credential is correct. If the address is not correct, any document from the approved BMV documentation list that is dated within the last 60 days may be used as proof. To view the approved documentation list, click on the link provided or visit myBMV.com
- Collection of Payment Information- State Form 56163. Submit payment for the following vehicle or watercraft (as applicable) title application fees and taxes. Payable by MasterCard or Visa, check, electronic check, or money order.
 - \$15 vehicle title application fee.
 - \$30 additional administrative penalty will be assessed if the title application packet is not received within 45 days after the filestamp date on the court order.
 - \$25 speed title fee. This optional fee is in addition to the \$15 title application fee. Paying the optional speed title fee ensures that the title is processed in a period of time that is substantially shorter than the normal processing period.
 - If you are transferring ownership of the vehicle or watercraft, include 7% sales tax of the dollar amount listed in the court order or on the bill of sale/purchase agreement. If you are exempt from paying sales tax, include ST108E –Certificate of Gross Retail Use Tax or Exemption – State Form 48841.
 - If no information is available to determine the purchase price, include a bill of sale or Affidavit of Missing Title Information - State Form 56620 with the purchase price listed or sales tax will assessed based on the NADA fair market value of the vehicle or watercraft.
- Vehicle color _____ (List color on line)
- Vehicle fuel type (select one):
 - Gasoline
 - Diesel
 - Hybrid
 - Electric
 - Other

For your convenience, the required forms are hyperlinked in this checklist. The forms are also available at <https://www.in.gov/bmv/titles/title-forms/>. Mail this checklist and all completed forms to:

**Indiana Bureau of Motor Vehicles
Central Office Title Processing
100 North Senate Avenue, Room N411
Indianapolis, IN 46204**

If the BMV determines that sufficient credible evidence exists to substantiate the applicant's claim of ownership, a title will be issued. **If all required documents are not submitted or information is incomplete the entire application will be returned.**

Please include this checklist with your application.



APPLICATION FOR CERTIFICATE OF TITLE FOR A VEHICLE

State Form 205 (R11 / 3-20)
INDIANA BUREAU OF MOTOR VEHICLES

*This agency is requesting disclosure of your Social Security Number / Federal Identification Number in accordance with IC 4-1-8-1; disclosure is mandatory, and this record cannot be processed without it.

To be completed by a police officer, BMV official, or BMV certified dealer signee for out-of-state titles. I hereby certify that I personally examined the following vehicle and find the identification number to be as follows.					I swear or affirm that I am authorized to perform this transaction, and I agree to indemnify and hold harmless the Indiana BMV from any and all liability arising from this transaction.						
Vehicle Identification Number <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div> </div>					I swear or affirm that the information that I have entered on this form is correct. I understand that making a false statement on this form may constitute the crime of perjury.						
Year	Make	Model	Type	Date (mm/dd/yyyy)	Applicant Signature: _____						
Inspector's Printed Name and Title			City		Printed Name: _____						
Inspector's Signature		Badge, Branch, or Dealer Plate Number			Applicant Signature: _____						
Transaction Number					Branch Number		Invoice Number		BMV Use Only		
Social Security Number / Federal Identification Number *					Name of Applicant					BMV Use Only	
Residence Address (number and street)							City		State	ZIP Code	
Vehicle Identification Number			Vehicle Year	Vehicle Make		Vehicle Model	Vehicle Type	Odometer			
Former Title Number		Purchase Date (mm/dd/yy)	Lien (Y/N)	Speed (Y/N)	Dealer Number		BMV Use Only				
Electronic Lien and Title (ELT) identification number				Holder of First Lien, Mortgage, or Other Encumbrance / Special Mailing Address							
Mailing Address (number and street)				City			State	ZIP Code		BMV Use Only	
Electronic Lien and Title (ELT) identification number				Holder of Second Lien, Mortgage, or Other Encumbrance							
Mailing Address (number and street)				City			State	ZIP Code		BMV Use Only	
License Number					License Year			Forms Used			
Gross Retail and Use Tax Affidavit – I/We hereby certify that sales or use tax on this vehicle was paid as indicated below.											
Selling Price	Less Trade-In / Discount	Amount Subject to Tax	Amount of Tax		Dealer	Branch	Exempt	Exemption Code			
\$	\$	\$	\$								



PHYSICAL INSPECTION OF A VEHICLE OR WATERCRAFT

State Form 39530 (R8 / 6-21)
INDIANA BUREAU OF MOTOR VEHICLES

BUREAU OF MOTOR VEHICLES
100 N. Senate Avenue, Room N440
Indianapolis, IN 46204
(888) 692-6841
www.bmv.in.gov

- 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 licensed under IC 9-32, a military policeman assigned to a military post in Indiana, a police officer, a designated employee of the BMV, an employee of a qualified person operating under a contract with the commission, or an employee of a dealer that is licensed as a motor vehicle dealer in a state other than Indiana and approved by the bureau.
 4. Police officers completing this form may charge a fee of not more than \$5.00 for this inspection under IC 9-17-2-12.

OWNER INFORMATION											
Name (last, first, middle initial or company name)											
Address (number and street)											
City								State		ZIP Code	
VEHICLE OR WATERCRAFT INFORMATION											
<input type="checkbox"/> Identification Number										<input type="checkbox"/> NONE (Select if no identification number found.)	
Year	Make	Model	Type	Plate Number / State				Watercraft Registration Number, if applicable			
For assembled vehicles or watercraft include serial numbers for major component parts if present:											
Engine / Motor						Transmission					
Body Chassis						Front Assembly					
Rear Clip						Frame					
Other (specify):											
*IDACS / NCIC Check (Required if form is completed by a police officer)											
Date Check Performed (mm/dd/yyyy)						Comments					
I swear or affirm that the information I have entered on this form is correct. I understand making a false statement may constitute the crime of perjury.											
Signature of Inspector				Printed Name				Title		Date (mm/dd/yyyy)	
Badge / Branch / Dealer Number		Police Department / Branch / Dealership			City		State		ZIP Code		
Telephone Number ()				E-mail							



ODOMETER DISCLOSURE STATEMENT

State Form 43230 (R3 / 5-13)
INDIANA BUREAU OF MOTOR VEHICLES

- INSTRUCTIONS:**
1. In accordance with federal and state law, the seller of a motor vehicle must disclose the current mileage to a purchaser in writing upon transfer of ownership. The disclosure must be signed by the seller, including the printed name. If more than one person is a seller, only one seller is required to sign the written disclosure.
 2. The purchaser must sign the disclosure statement, including printed name and address, and return a copy to the seller.
 3. Complete this form in its entirety, in blue or black ink.

Federal and State law requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines, imprisonment, or both.

I, _____ residing at:
Printed name(s) of Seller(s)

_____ certify to the best of my knowledge that the

Address of Seller(s) (number and street, city, state, and ZIP code)

odometer reading is the actual mileage of the vehicle described below unless one of the following statements is checked:

Miles (no tenths)

1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.
2. I hereby certify that the odometer reading is NOT the actual mileage and should not be relied upon. **WARNING - ODOMETER DISCREPANCY.**

Vehicle Make	Vehicle Model	Vehicle Year	Vehicle Body Type
Vehicle Identification Number (VIN)			Transfer Date (month, day, year)

I will not hold the Bureau of Motor Vehicles or the Bureau of Motor Vehicles Commission responsible for any discrepancy shown on the odometer reading. I, the undersigned, swear or affirm that the information entered on this form is correct. I understand that making a false statement may constitute the crime of perjury.

Signature(s) of Seller(s)	Date (month, day, year)
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PURCHASER'S INFORMATION

I am aware of and acknowledge the above odometer certification made by the seller(s).

Signature(s) of Purchaser(s)	Date (month, day, year)	
Printed Name(s) of Purchaser(s)		
Address of Purchaser(s) (number and street)		
City	State	ZIP Code



COLLECTION OF PAYMENT INFORMATION

State Form 56163 (R2 / 6-19)
INDIANA BUREAU OF MOTOR VEHICLES

BUREAU OF MOTOR VEHICLES
Central Office Finance
100 N. Senate Avenue, Room N440
Indianapolis, IN 46204
(888) 692-6841

- INSTRUCTIONS:**
1. Complete in blue or black ink, or print form.
 2. Enter the amount to be charged and the payment type information in Section 2. Payment may be made by Visa, MasterCard, Discover, American Express, or electronic check. If enclosing a check, money order, cashier's check, or certified check, this form is not required.
 3. Mail this form to the address that is specified on the application being submitted and for which you are making payment.
 4. This form will be destroyed immediately after payment has been processed.

SECTION 1 - ACCOUNT HOLDER INFORMATION			
Account Holder (first, middle, last name or company name)		Driver's License Number or Federal Identification Number	Telephone Number
Billing Address (number and street)		City	State ZIP Code
SECTION 2 - PAYMENT INFORMATION			
Amount to be Charged: \$ _____		Description of the service / application to which the payment is related	
CREDIT CARD PAYMENT			
Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express			
Credit Card Number: _____ - _____ - _____ - _____			Expiration Date (mm/yy): ____ / ____
ELECTRONIC CHECK PAYMENT			
Routing Number			
Account Number			
SECTION 3 - AFFIRMATION STATEMENT			
I hereby authorize the Indiana Bureau of Motor Vehicles to charge the account indicated above.			
Signature of Account Holder / Authorized User		Printed Name	Date Signed (mm/dd/yyyy)