

STATE OF INDIANA) IN THE _____ COURT
)SS:
COUNTY OF _____) CAUSE NO. _____

IN RE THE MATTER OF:)
)
)
)
_____))
Petitioner,)
)
v.)
)
_____))
County)
Prosecutor and The Commissioner)
for the Indiana Bureau of Motor)
Vehicles,)
Respondent.)

Petitioner Date of Birth _____
Petitioner Operator License _____

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 _____ 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: _____

Email address: _____

I will accept service at the above email address.

Phone: _____
Fax: _____

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)*
 Yes
 No

Caption and case number of 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:

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

AND

the _____ County Prosecutor by

US Mail **or**

hand delivery **or**

electronic transmission

on _____.

Date

Signature

Printed Name

STATE OF INDIANA) IN THE _____ COURT
)SS:
COUNTY OF _____) CAUSE NO. _____

Petitioner, Petitioner Date of Birth _____
Petitioner Operator License _____

v.

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

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, Indiana at the following address:
_____.

3. I owe fees to the Indiana Bureau of Motor Vehicles in the sum of \$_____ 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 _____.

6. The last four (4) digits of my driver's license number are _____.

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

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

Date

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

AND

the _____ County Prosecutor by

US Mail **or**

hand delivery **or**

electronic transmission

on _____.

Date

Signature

Printed Name

STATE OF INDIANA
COUNTY OF _____

IN THE _____ COURT
CAUSE NO. _____

IN THE MATTER OF:

Petitioner,

v.

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

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:

the _____ County Prosecutor by

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

Date: _____

Clerk, _____ County Court

STATE OF INDIANA
COUNTY OF _____

IN THE _____ COURT
CAUSE NO. _____

IN THE MATTER OF:

Petitioner,

v.

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

SUMMONS

TO: The _____ County Prosecutor, at:

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:

the _____ County Prosecutor by

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

Date: _____

Clerk, _____ County Court

STATE OF INDIANA) IN THE _____ COURT
)SS:
 COUNTY OF _____) CAUSE NO. _____

 Petitioner, Petitioner Date of Birth _____
 Petitioner Operator License _____

v.

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

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 _____.
5. Our family's income is \$ _____ per month. (Total from below)

Income received *each month*, before taxes:

Wages (\$ _____ per hour x _____ hours per month)	\$ _____
Unemployment Compensation	\$ _____
AFDC/TANF Benefits	\$ _____
SSI/SSD Benefits	\$ _____
Child Support	\$ _____
Other (please describe)	\$ _____

Total Income: \$ _____

6. We have \$ _____ in the bank.
7. Our expenses total \$ _____ per month. (Total from below)

Expenses spent *each month*:

Housing (Rent, Contract, or Mortgage)	\$ _____
Utilities (Gas, Elective, Water, Phone, etc.)	\$ _____
Food	\$ _____
Child Care	\$ _____

Medical Bills	\$
Transportation	\$
Insurance (car, medical, and/or property)	\$
Child Support	\$
Other (please describe)	\$

Total 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: _____

Signature

Printed Name

STATE OF INDIANA
COUNTY OF _____

IN THE _____ COURT
CAUSE NO. _____

IN THE MATTER OF:

Petitioner,

v.

Petitioner Date Of Birth _____
Petitioner Operator License _____

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

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:

_____.

Dated: _____

Judicial Officer

Distribution:
_____ County Prosecutor

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

STATE OF INDIANA) IN THE _____ COURT
)SS:
COUNTY OF _____) CAUSE NO. _____

Petitioner, Petitioner Date of Birth _____
Petitioner Operator License _____

v.

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

ORDER WAIVING DRIVER'S LICENSE REINSTATEMENT FEE

The Petitioner, _____, 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 _____.

Judicial Officer

DISTRIBUTION:

_____ County Prosecutor's Office
Indiana Bureau of Motor Vehicles, Indiana Government Center North, Room 402, 100
North Senate Avenue, Indianapolis, IN 46204
_____, Petitioner, _____