



To qualify for traffic amnesty (IC 9-33-4-1) a person:



must not have a child support arrearage, unless they have been making the required child support payments for at least six (6) months before filing the petition for traffic amnesty, **and**



must not have an outstanding arrest warrant, **and**



if sentenced to pay restitution to the victim of a crime, must be current with the required payments.



Filing the forms in this packet asks the court to reduce what is owed for:

- a. An unpaid judgment on an infraction *if* the infraction was committed **before January 1, 2020**.
- b. A driving privileges reinstatement fee (as described in [IC 9-25-6-15](#)), which a person with a suspended driver's license is or would be required to pay to reinstate the person's driver's license, if the person's driver's license **was suspended before January 1, 2020**.
- c. Any court costs, administrative fees, late fees, or other fees imposed on a person in connection with an unpaid judgment or fee described above.



This packet includes the following documents:

- Appearance
- Verified Petition
- Order For Reduction of Judgment, Fees and/or Costs Pursuant to IC 9-33-4



Complete each form included in the packet. *You will need to file a packet of forms for each case and in each court in which you want traffic amnesty.*

Make sure to print and sign the forms. **The forms must be filed before July 1, 2022**



Complete, signed forms can be filed in person at the court or e-filed. **There is no fee.** More information on how to file forms can be found here:

<https://indianalegalhelp.org/filing-and-going-to-court/>

STATE OF INDIANA

IN THE COUNTY COURT TYPE COURT

COUNTY OF COUNTY

CASE NO. CASE NUMBER

State of Indiana,

Date of Birth DATE OF BIRTH

vs.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE COURT PAPERS YOU HAVE IN YOUR TRAFFIC CASE AND FILL IN THE INFORMATION HERE. ADD DATE OF BIRTH AND LICENSE NUMBER.

YOUR NAME

Driver License # LICENSE NUMBER

Defendant

APPEARANCE BY UNREPRESENTED PERSON IN TRAFFIC AMNESTY CASE

1. My name is YOUR FULL NAME and in this case I am not represented by a lawyer.

2. My contact information for receiving legal service of documents and case information as required by Court Rules is:

Address: YOUR ADDRESS

CHECK THIS BOX IF YOU WANT THE COURT TO CONTACT YOU ONLY BY EMAIL. IF YOU WANT THE COURT TO CONTACT YOU BY MAIL, DO NOT CHECK THE BOX.

Email address: YOUR EMAIL ADDRESS

I will accept service at the above email address.

Phone: YOUR PHONE

Fax: YOUR FAX

OR, if in a related case, you have used the Attorney General confidential address, you may check the box below: CHECK THIS BOX ONLY IF YOU USE THE ATTORNEY GENERAL'S CONFIDENTIAL ADDRESS

Attorney General confidential address

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

4. There are other cases related to this case: (If yes, please indicate below)

SELECT WHETHER THERE ARE OTHER RELATED CASES. IF THERE ARE, FILL IN THE CAPTION AND CASE NUMBERS BELOW.

Caption and case number of related cases:

Caption: Case No.:

Caption: Case No.:

Caption: _____ Case No.: _____

Additional information as required by local rule:

IF ADDITIONAL INFORMATION IS REQUIRED BY LOCAL RULE, INCLUDE IT HERE.

SIGN HERE

Signature

CERTIFICATE OF SERVICE

I certify that on **DATE SENT TO PROSECUTOR** _____, the foregoing was served upon the following by _____, to:

PROSECUTOR'S NAME AND ADDRESS

IF YOU WILL TAKE THESE TO THE COURT TO FILE, FILL THIS IN WHEN YOU FILE YOUR DOCUMENT. IF YOU WILL E-FILE THESE FORMS, WRITE "ELECTRONIC SERVICE" IN THIS BLANK.

SIGN HERE

Signature

STATE OF INDIANA

IN THE COUNTY COURT TYPE COURT

COUNTY OF COUNTY

CASE NO. CASE NUMBER

State of Indiana,

Date of Birth DATE OF BIRTH

vs.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE COURT PAPERS YOU HAVE IN YOUR TRAFFIC CASE AND FILL IN THE INFORMATION HERE. ADD DATE OF BIRTH AND LICENSE NUMBER.

YOUR NAME

Driver License # LICENSE NUMBER

Defendant

VERIFIED PETITION FOR REDUCTION OF JUDGMENT, FEES, AND/OR COSTS PURSUANT TO IC 9-33-4

YOUR NAME, Defendant, petitions the Court, pursuant to Indiana Code Chapter § 9-33-4, for a reduction in “unpaid fees” (as that term is defined in IC § 9-33-4-3). The following statements are made in support of Defendant’s Verified Petition for Traffic Amnesty.

1. Defendant is a “qualified person” (as that term is defined in IC § 9-33-4-3) and has unpaid fees or is or would be required to pay a driving privileges reinstatement fee to obtain a valid driver’s license.

2. Defendant’s full name appears in the first sentence of Defendant’s Verified Petition for Traffic Amnesty.

3. Defendant’s other legal names or aliases are OTHER LEGAL NAMES OR ALIASES YOUR HAVE USED.

4. Defendant’s date of birth appears in the caption of Defendant’s Verified Petition for Traffic Amnesty.

5. Defendant affirms:

CHECK THE BOX THAT IS TRUE

- Defendant does not owe a child support arrearage.
Defendant owes a child support arrearage but has been making the required child support payments for at least the preceding six months.
Defendant owes a child support arrearage and did not make the required child support payments during the preceding six months.

6. Defendant affirms:

CHECK THE BOX THAT IS TRUE

- Defendant does not have an outstanding arrest warrant.
Defendant does have an outstanding arrest warrant.

7. Defendant affirms:

CHECK THE BOX THAT IS TRUE

- Defendant was not sentenced to pay restitution to the victim of a crime.
Defendant was sentenced to pay restitution to the victim of a crime but

is current with the required payments.

- Defendant was sentenced to pay restitution to the victim of a crime and is not current with the required payments.

LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER

8. The last four digits of Defendant's social security number are _____.

9. Defendant's driver license number appears in the caption of Defendant's Verified Petition for Traffic Amnesty.

10. The case number or court cause number of the relevant violation appears in the caption of Defendant's Verified Petition for Traffic Amnesty.

11. Defendant believes the following information may assist the Court:

ADDITIONAL INFORMATION YOU BELIEVE MAY HELP THE COURT UNDERSTAND WHY YOU NEED THE COURT TO GRANT YOUR PETITION FOR TRAFFIC AMNESTY

Wherefore, Defendant requests: (1) that the Court reduce Defendant's unpaid fees in the above-captioned cause by 50% (fifty percent) pursuant to Indiana Code Chapter 9-33-4; and (2) that the Court issue an Order to the Indiana Bureau of Motor Vehicles reducing the reinstatement fees owed by 50% (fifty percent).

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

SIGN HERE

Signature

PRINT NAME HERE

Printed Name

CERTIFICATE OF SERVICE

I certify that on DATE SENT TO PROSECUTOR, the foregoing was served upon the following by _____, to:

IF YOU WILL TAKE THESE TO THE COURT TO FILE, FILL THIS IN WHEN YOU FILE YOUR DOCUMENT. IF YOU WILL E-FILE THESE FORMS, WRITE "ELECTRONIC SERVICE" IN THIS BLANK.

PROSECUTOR'S NAME AND ADDRESS

SIGN HERE

Signature

1 Pursuant to Administrative Rule 9(G)(2)(f), complete social security numbers of living persons shall be excluded from public access. If the Court needs Defendant's complete social security number in order to proceed, then Defendant (a self-represented litigant) respectfully requests the Court's assistance.

STATE OF INDIANA IN THE COUNTY COURT TYPE COURT
COUNTY OF COUNTY CASE NO. CASE NUMBER

State of Indiana, Date of Birth DATE OF BIRTH

vs.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE COURT PAPERS YOU HAVE IN YOUR TRAFFIC CASE AND FILL IN THE INFORMATION HERE. ADD DATE OF BIRTH AND LICENSE NUMBER.

YOUR NAME Driver License # LICENSE NUMBER
Defendant

ORDER FOR REDUCTION OF JUDGMENT, FEES, AND/OR COSTS PURSUANT TO IC 9-33-4

This matter is before the Court on a Verified Petition for Traffic Amnesty filed in accordance with IC 9-33-4-4.

The Petitioner was not required to pay a filing fee.

The Court finds that the Petition complies with the pleading requirements of IC 9-33-4-4(a) and has been properly served on the Prosecuting Attorney.

- LEAVE BLANK**
- The Prosecuting Attorney does not object to the granting of the Petition for Traffic Amnesty.
 The Prosecuting Attorney has waived any objection to the Petition for Traffic Amnesty.
or
 Hearing was held and evidence was presented on the Petition.

The Petitioner seeks a reduction of judgment, fees and/or costs associated with the following violation(s):

CASE NO. OF RELEVANT VIOLATION DATE OF VIOLATION

Unpaid costs related to this violation include:

- Unpaid Judgment, court costs, administrative fees, late fees or other fees; and/or
 Driving Privileges Reinstatement fee

The Court now DENIES the Petition for Traffic Amnesty.

The Court now finds that the Petitioner is a qualified person under IC 9-33-4, and the violation(s) giving rise to the unpaid fees was/were committed before January 1, 2020. Therefore, the Court now GRANTS the Petition for Traffic Amnesty as follows:

This Court orders that the amount of above listed unpaid fees owed by petitioner be reduced by 50%.

Some or all of the above unpaid fees consist of a driving privileges reinstatement fee. Therefore, the petitioner is entitled to driving privileges reinstatement after:

- (1) paying 50% of the otherwise required driving privileges reinstatement fee to the Bureau of Motor Vehicles;
- (2) providing proof of financial responsibility of the court (as set forth in IC 9-25-2-3); and
- (3) the person is determined not to be otherwise ineligible to have the person's driving privileges reinstated.

LEAVE BLANK

When payment of the reduced driving privileges reinstatement fee is complete, Petitioner shall provide proof of financial responsibility to both the court and the Bureau of Motor Vehicles to process the driver privilege reinstatement.

This order is being issued under IC 9-33-4 and is not a conviction, finding of guilt, or finding of liability.

SO ORDERED _____.

LEAVE BLANK
Judicial Officer

Distribution:
RJO

Court Clerk
Prosecuting Attorney of _____ County
Petitioner
BMV