Court Ordered Payments and Expungement

In general, a person should not owe any money or restitution when they ask for expungement. Even if no money is owed, a person may not be eligible for expungement.

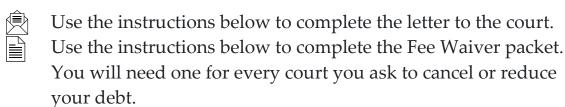
It is best to talk to an attorney before filing anything in court. www.indianalegalhelp.org/find-legal-help/

To find out if money is owed:

Contact each courtroom listed on the criminal history and ask if court payments are owed.

\$ Pay what is owed or ask the court to cancel or reduce the debt.

To ask a court to cancel or reduce debt:



File the letter and forms in the county court. Ask the Clerk to file the forms in every courtroom where you owe costs.

Date: DATE YOU WILL FILE THE LETTER WITH THE COURT

Dear Your Honor,

I am writing this letter to request the waiver of outstanding courtroom fines and fees on the following case number(s) so that I may pursue expungement of my record:

TYPE IN THE CASE NUMBERS THAT FINES OR FEES ARE CONNECTED TO.

YOU CAN, BUT DO NOT HAVE TO, ADD A PARAGRAPH ABOUT WHY YOU ARE UNABLE TO PAY THE FINES OR FEES AND/OR WHY YOU PLAN TO ASK FOR AN EXPUNGEMENT.

Sincerely,

SIGN YOUR NAME HERE

Signature

TYPE YOUR NAME HERE

Printed Name

YOUR PHONE NUMBER

Phone Number

SELECT THE COURT TYPE IF YOU KNOW IT. IF NOT, LEAVE BLANK

	STAT	CATE OF INDIANA		IN THE COUNTY NAME		COURT	
	COU	OUNTY OF <u>COUNTY NAME</u>		CASE NO. <u>LEAVE BLANK</u>			
	TO R	E THE MATTER ESTRICT DISC ORDS UNDER I		ΓΙΟΝ			
	Petiti	oner					
			APPEARANC	E BY UNREI	PRESENTED PERSON		
	1.	My name is by a lawyer.	YOUR NAME		and in this case I am	not represented	
2. My contact information for receiv required by Court Rules is:			eiving legal se	rvice of documents and case i	information as		
		Address:	YOUR ADDRE	ESS			
SELECT THIS BOX ONLY IF YOU WANT THE COURT TO COMMUNICATE WITH YOU ONLY BY EMAIL AND YOU CAN CHECK YOUR EMAIL EVERY DAY IF YOU ARE USING THE ATTORNEY GENERAL'S CONFIDENTIAL ADDRESS, CHECK			YOUR EMAIL		ve email address.		
		OR, if in a rela	below:	u have used the Attorney General confidential address, you may eneral confidential address			
THIS BOX	3.	This is an XP case type as defined in Administrative Rule 8(B)(3).					
SELECT THE B	4. SOX THAT	Γ IS TRUE	r cases related to Yes No	this case: (If y	es, please indicate below)		
			se number of rel F THERE IS A		ASE, PLEASE COMPLETE T	ΓHIS INFORMATION	
		Caption:			, a		

Caption:	Case No.:			
Caption:	Case No.:			
Additional information as required by local rule: IF ADDITIONAL INFORMATION IS REQUIRED BY LOCAL RULE, PUT THAT INFORMATION HERE				

SIGN HERE AFTER YOU PRINT THIS FORM Signature

This appearance is filed with a Verified Motion For Fee Waiver. There is no other party to serve.

STATE OF INDIANA	IN THE COURT
COUNTY OF	CASE NO.
IN RE THE MATTER OF THE PETI' TO RESTRICT DISCLOSURE OF RECORDS UNDER I.C. 35-38-9	FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE FIRST FORM YOU FILLED OUT AND COPY THE INFORMATION HERE.
Petitioner	

VERIFIED MOTION FOR FEE WAIVER

The Petitioner now states:

- 1. I wish to file this action and I believe 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.
- I live with the following persons who are over eighteen (18) years of age NAMES OF THE PEOPLE YOU LIVE WITH WHO ARE OVER 18 YEARS OLD
- I live with the following persons who are **under** eighteen (18) years of age NAMES OF THE PEOPLE YUO LIVE WITH WHO ARE UNDER 18 YEARS OLD
- I am responsible for the financial support of the following people who live in my household NAMES OF THE PEOPLE YOU LIVE WITH THAT YOU ALSO FINANCIALLY SUPPORT
- The combined income of all persons I am responsible for supporting is \$THE COMBINED, MONTH DET INCOME OF ALL THE month (total from below). PEOPL YOU SUPPORT

Income Received Each Month (before taxes) per hour xNUMBER OF HOURS\$ Wages (\$_PAY TOTAL MONTHLY WORK INCOME hours per month) **EACH MONTH** TOTAL MONTHLY UNEMPLOYMENT **Unemployment Compensation** TOTAL MONTHLY AFDC/TANF BENEFITS AFDC/TANF Benefits SSI/SSD Benefits TOTAL MONTHLY SSI/SSD BENEFITS TOTAL MONTHLY CHILD SUPPORT YOU GET Child Support Other (please describe) ANY OTHER INCOME YOU GET **EACH MONTH** \$ TOTAL OF THE ABOVE INCOME **Total Income**

- 7. We have \$\frac{AMOUNT IN BANK}{in the bank.}
- 8. Our expenses total \$\frac{TOTAL MONTHLY}{} per month. (**Total from below**). **EXPENSES**

Monthly Expenses

	Lapenses
Housing (Rent, Contract, or Mortgage)	\$ MONTHLY COST OF HOUSING
Utilities (Gas, Elective, Water, Phone, etc.)	\$ MONTHLY COST OF UTILITIES
Food	\$ MONTHLY COST OF FOOD
Child Care	\$ MONTHLY COST OF CHILD CARE
Medical Bills	\$ MONTHLY COST OF MEDICAL BILLS
Transportation	\$ MONTHLY COST OF TRANSPORTATION
Insurance (Car, Medical, and/or Property)	\$ MONTHLY COST OF INSURANCE
Child Support	\$ MONTHLY COST OF CHILD SUPPORT
Other (please describe)	\$ OTHER MONTHLY EXPENSES
Total Expenses	\$ TOTAL OF THE ABOVE 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.

There is no other party to serve.

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

DATE	SIGN HERE AFTER YOU PRINT THIS FORM	
Date	Signature	
	YOUR PRINTED NAME	
	Printed Name	

STATE OF INDIANA	IN THE	COURT
COUNTY OF	CASE NO	
IN RE THE MATTER OF THE PETIT TO RESTRICT DISCLOSURE OF RECORDS UNDER I.C. 35-38-9	FOR THE SECTION ABOV	E THE DOTTED LINE, LOOK AT LLED OUT AND COPY THE
Petitioner		
<u>OR</u>	DER ON FEE WAIVER	
The Petitioner, self represented has read and finds should be granted. IT IS THEREFORE ORDEREI		
☐ Without the pre-payment of any file	•	
Upon the propayment of Sum must be paid by the retitioner to the	which is a portion of the he Clerk with a the next twenty	fil no fee set by statute. Such (21) days.
The Court will determine wheth final hearing in this case.	ner any or additional costs are to	be paid at a preliminary or
Date	Judicial Of	fficer
Distribution:		
YOUR NAME YOUR ADDRESS		