




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:

-  Gather criminal history.
-  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:

-  Use the instructions below to complete the letter to the court.
-  Use the instructions below to complete the Fee Waiver packet. You will need one for every court you ask to cancel or reduce your 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

STATE OF INDIANA IN THE COUNTY NAME COURT
COUNTY OF COUNTY NAME CASE NO. LEAVE BLANK

IN RE THE MATTER OF THE PETITION
TO RESTRICT DISCLOSURE OF
RECORDS UNDER I.C. 35-38-9

Petitioner

APPEARANCE BY UNREPRESENTED PERSON

- 1. My name is YOUR 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

Email address: YOUR EMAIL ADDRESS

I will accept service at the above email address.

Phone: _____

Fax: _____

OR, if in a related case, you have used the Attorney General confidential address, you may check the box below:

Attorney General confidential address

- 3. This is an XP 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 THE BOX THAT IS TRUE Yes
 No

Caption and case number of related cases:

IF THERE IS A RELATED CASE, PLEASE COMPLETE THIS INFORMATION

Caption: _____ Case No.: _____

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
THIS BOX

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.

IN RE THE MATTER OF THE PETITION
 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.
3. 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
4. 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
5. 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
6. The combined income of all persons I am responsible for supporting is \$THE COMBINED, MONTHLY per
 month (**total from below**). INCOME OF ALL THE
PEOPL YOU SUPPORT

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

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

Monthly Expenses

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 _____

Date

SIGN HERE AFTER YOU PRINT THIS FORM

Signature

YOUR PRINTED NAME _____

Printed Name

