IF YOU DON'T KNOW, COUNTY YOU WILL FILE LEAVE THIS BLANK STATE OF INDIANA) IN THE YOUR DOCUMENTS IN COURT COUNTY YOU WILL)SS: FILE YOUR) CAUSE NO. LEAVE BLANK COUNTY OF DOCUMENTS IN IN RE THE MATTER OF: YOUR NAME AS IT APPEARS ON YOUR LICENSE Petitioner Date of Birth YOUR DATE OF BIRTH Petitioner Operator License YOUR LICENSE NUMBER Petitioner. v. COUNTY YOU WILL FILE YOUR DOCUMENTS IN County Prosecutor and The Commissioner for the Indiana Bureau of Motor Vehicles, Respondent. APPEARANCE BY UNREPRESENTED PERSON IN CIVIL CASE This Appearance Form must be filed on behalf of every party in a civil case. My name is YOUR NAME _____ 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: YOUR ADDRESS CHECK THIS BOX IF YOU Email address: YOUR EMAIL ADDRESS ONLY WANT THE I will accept service at the above email address. COURT TO EMAIL YOU ABOUT YOUR CASE. YOUR PHONE NUMBER Phone: YOUR FAX NUMBER, IF YOU HAVE ONE Fax: 3. This is an MC case type as defined in Administrative Rule 8(B)(3). There are related cases: (If yes, please indicate below) 4. IF THERE ARE OTHER CASES Yes RELATED TO THIS FILING. LIKE THE CASES THAT No CAUSED YOU TO HAVE

FEES, CHECK YES.

COURT YOU WILL FILE IN.

	Caption and case number of related cases:	DRMATION ON ANY RELATED CASES
	Caption:	
	Caption:	Case No.:
IF ADDIT Signa	Additional information as required by local TONAL INFORMATION IS REQUIRED, I ture	al rule: PUT IT HERE. PRINT THIS DOCUMENT AND SIGN HERE
	CERTIFICAT	TE OF SERVICE
	I hereby certify that I sent	t a copy of the document to:
YOU SHOULD CHECK THE BOXES THAT TELL THE COURT HOW THESE FORMS WILL GET TO THE BMV AND THE PROSECUTOR. YOU CAN ASK THE CLERK WHICH TO CHECK WHEN YOU FILE THIS AT THE COURTHOUSE.	The Commissioner for the Indiana Bureau □ electronic transmission or □ US Mail at: Indiana Government Center North Room 402 100 North Senate Avenue Indianapolis, IN 46204 the County Prosecutor □ US Mail or □ hand delivery or □ electronic transmission	AND
on D	ATE YOU SEND THIS TO THE BMV AN	D PROSECUTOR
DAT	TF.	PRINT THIS FORM AND SIGN HERE
Date	LD	Signature Signature
		YOUR NAME Printed Name

TATE OF IN	,	IN THE	COURT		
COUNTY OF)					
Dadidi a u a u		Petitioner Date of Birth	DATE OF BIRTH		
Petitioner,		Petitioner Operator Lice	ense <u>LICENSE NUMBER</u>		
v.	County Prosecutor		FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE FIRST FORM YOU FILLED OUT AND COPY THE		
and the Comn Bureau of Mo Respondent.	nissioner for the Indiana otor Vehicles,				
		N TO WAIVE RE-INSTA	TEMENT FEES		
Cor states as fo		r their Verified Petition to V	Vaive Re-Instatement Fees now		
1.	I am indigent (See attache	d Affidavit of Indigency)			
2.	I reside in COUNTY YOU LIVE	County, Indiana at the	following address:		
Y	OUR ADDRESS	•			
3. for reinstat	I owe fees to the Indiana E		the sum of \$AMOUNT YOU OWE).		
4.	I will bring proof of future	e financial responsibility (i.e	e. proof of insurance) to the court		
hearing.		1	·		
5.	My birthdate is <u>YOUR B</u>	BIRTHDATE			
6.	The last four (4) digits of 1	my driver's license number	LAST FOUR DIGITS OF are YOUR LICENSE NUMBER		
7.	I seek waiver of these rein	statement fees for the follow	wing reasons:		
W	HY YOU WANT THE COUR	T TO GET RID OF YOUR	REINSTATEMENT FEES.		
	XPLAIN WHY YOU CANNO				
I hereby a	ffirm under penalties for per	jury that the foregoing sta	atements are true and correct.		
DATE	, P		ORM AND SIGN HERE		
Date		Signature			

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of the document to:

OU SHOULD	The Commissioner for the Indiana Bureau of	Motor Vehicles by
CHECK	\Box electronic transmission <u>or</u>	
THE BOXES THAT TELL THE COURT	☐ US Mail at:	
HOW THESE	Indiana Government Center North	
ORMS WILL GET TO	Room 402	
THE BMV AND	100 North Senate Avenue	
THE PROSECUTOR.	Indianapolis, IN 46204	
YOU CAN ASK	•	AND
THE CLERK WHICH TO	the County Prosecutor by	
CHECK WHEN	□ US Mail <u>or</u>	
OU FILE THIS	□ hand delivery or	
COURTHOUSE.	□ electronic transmission	
	□ electronic transmission	
on D	OATE YOU SEND THIS TO THE BMV AND	PROSECUTOR
OII <u>-</u>	· · · · · · · · · · · · · · · · · · ·	
DAT	E	PRINT THIS FORM AND SIGN HERE
Date	-	Signature
Bute		Signaturo
		YOUR NAME
		Printed Name

	STATE OF INDIANA	IN THE	COURT
	COUNTY OF	CAUSE NO	
	IN THE MATTER OF:		
	Petitioner, v.	FOR THE SECTION ABOVE AT THE FIRST FORM YOU THE INFORMATION HERE	
	County Prosecutor	THE IN ORWITTON HERE	(•
-	and The Commissioner for the Indiana Bureau of Motor Vehicles, Respondents.		
	<u>\$</u>	SUMMONS	
	TO: The Commissioner for the Indiana Bure North, Room 402, 100 North Senate Avenue		vernment Center
	The above named Petitioner has filed a case fees.	in the court stated above for a wai	ver of re-instatement
	The nature of the suit is waiver of re-instatent to this document.	nent fees and is stated in the Petiti	on which is attached
	If you take no action the court may grant the	relief requested.	
THE BOX THE COURTHESE FOR GET TO THE COMMISSION OF THE COMMISSION OF THE COMMISSION OF THE BOX	RMS WILL HE IONER FOR YOU CAN CLERK □ US Mail or □ hand delivery or □ electronic transmission or	osecutor by	
AT THE CO	T T 1 T T T T 1 T T T T T T T T T T T T		
HOUSE.	Date: LEAVE BLANK	<u>LEAVE BLANK</u> Clerk, <u>COUNTY</u>	County Court
	YOUR NAME YOUR ADDRESS	, <u></u>	
	Page 1 of 1	Approved by the C	oalition for Court Access

STATE OF INDIANA	IN THE	COURT
COUNTY OF	CAUSE NO	
IN THE MATTER OF:		
Petitioner,		OVE THE DOTTED LINE, LOOK OU FILLED OUT AND COPY THE
v.		
County Prosecu and The Commissioner for the Indiana Bureau of Motor Vehicles, Respondents.		
	SUMMONS	
TO: The COUNTY PROSECUTOR'S ADDRESS		
The above named Petitioner has filed fees.	a case in the court stated above for a	waiver of re-instatement
The nature of the suit is waiver of re-i to this document.	nstatement fees and is stated in the P	etition which is attached
If you take no action the court may gr	ant the relief requested.	
I request service in the following man YOU SHOULD CHECK THE BOX THAT TELLS THE COURT HOW THESE FORMS WILL GET TO THE COMMISSIONER FOR THE BMV. YOU CAN ASK THE CLERK WHICH TO CHECK WHEN YOU FILE THIS AT THE COURT HOUSE. Date: LEAVE BLANK	or LEAVE BLANK	
YOUR NAME YOUR ADDRESS	Clerk, COUNTY	County Court
Page 1 of 1	— Approved by th	ne Coalition for Court Access

CCA-MI-0819-2033

STATE OF INDIANA)	IN THE	_ COURT	
COUNTY OF)SS:)	CAUSE NO		
Petitioner,		Petitioner Date of Birth Petitioner Operator License		
v.		FOR THE SECTION ABOVE THE DOTTED LINE, LOOK A THE OTHER FORMS YOU FILLED OUT AND COPY THE INFORMATION HERE.		
<u>INI</u> ne Petitioner now states:	DIGEN	ICY AFFIDAVIT		

Th

- I wish to file this action and I believe that I have a case with merit. 1.
- I cannot pay any of the filing fees or other costs of this action because I do not have sufficient income 2. 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.
- I live with PEOPLE YOU LIVE WITH 4.
- Our family's income is \$_TOTAL per month. (Total from below) 5. INCOME LISTED BELOW

Income received *each month*, before taxes:

HOURLY NUMBER OF HOURS	
Wages (\$ PAY per hour x YOU WORK PER MONTH	\$ MONTHLY WORK INCOME
hours per month)	
Unemployment Compensation	\$ MONTHLY UNEMPLOYMENT YOU GET
AFDC/TANF Benefits	\$ MONTHLY AFDC/TANF BENEFITS YOU GE
SSI/SSD Benefits	\$ MONTHLY SSI/SSD BENEFITS YOU GET
Child Support	\$ MONTHLY CHILD SUPPORT YOU GET
Other (please describe)	\$ ANY OTHER INCOME YOU GET

Total Income: \$ YOUR TOTAL INCOME

AMOUNT YOU HAVE

- We have \$\frac{\text{IN THE BANK}}{\text{TOTAL}}\ in the bank. 6.
- Our expenses total \$ _EXPENSES ____ per month. (Total from below) 7. **BELOW**

Expenses spent *each month*:

Housing (Rent, Contract, or Mortgage)	\$ MONTHLY HOUSING COSTS
Utilities (Gas, Elective, Water, Phone, etc.)	\$ MONTHLY UTILITY COSTS
Food	\$ MONTHLY AMOUNT SPENT ON FOOD
Child Care	\$ MONTHLY AMOUNT FOR CHILD CARE

Medical Bills	\$ MONTHLY MEDICAL BILLS	
Transportation	\$ MONTHLY AMOUNT FOR TRANSPORTATION	ION
Insurance (car, medical, and/or property	\$ MONTHLY INSURANCE AMOUNT	
Child Support	\$ MONTHLY CHILD SUPPORT YOU PAY	
Other (please describe)	\$ OTHER PAYMENTS YOU HAVE TO MAKE	
	EACH MONTH	

Total Expenses: \$ TOTAL OF YOUR 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	of perjury that the foregoing representations are true.	
Date: DATE	PRINT THIS FORM AND SIGN HERE Signature	_
	YOUR NAME	

Printed Name

STATE OF INDIANA	IN THE	COURT
COUNTY OF	CAUSE NO	
IN THE MATTER OF:		
	Petitioner Date Of Birth	Number
Petitioner,	Petitioner Operator License N	Number
v.		
		E THE DOTTED LINE, LOOK AT
County Prosecutor and The Commissioner		LLED OUT AND COPY THE
for the Indiana Bureau of Motor	INFORMATION HERE.	
Vehicles,		
Respondents.		
Respondents. OR	DER SETTING HEARING	
petition. Failure to appear may result i IT IS SO ORDERED that this matter LEAVE BLANK		
Dated: LEAVE BLANK		IK
Distribution: COUNTY County Prosecu PROSECUTOR ADDRESS The Commissioner for the Indiana Burdiana Government Center North, Rocation 100 North Senate Avenue Indianapolis, Indiana 46204 YOUR NAME YOUR ADDRESS	eau of Motor Vehicles	

STATE OF INDIANA)		COURT
)SS: COUNTY OF)	CAUSE NO	
Petitioner,	Petitioner Date of Birth Petitioner Operator Licens	se
		E THE DOTTED LINE, LOOK AT FILLED OUT AND COPY THE
and the Commissioner for the Indiana Bureau of Motor Vehicles, Respondent.		
ORDER WAIVING DRIV		
The Petitioner, YOUR NAME	, self-re	epresented, having filed their
Verified Petition for Waiver of Drive	er's License Reinstatemer	nt Fee and this Court having
reviewed the same now GRANTS sa	aid petition.	
SO ORDERED LEAVE BLANK		
	LEAVE BLANK	
	Judicial Officer	
DICHRIDINGIAN		
DISTRIBUTION: COUNTY YOU FILE N County Programs		
Indiana Bureau of Motor Vehicles, I North Senate Avenue, Indianapolis,	ndiana Government Cent	er North, Room 402, 100