

## Where do I file my petition?

- If the suspension is court ordered, file at the courthouse in EVERY county that has given you a suspension.
- If the suspension is administrative (including a lifetime suspension), the petition has to be filed in the county courthouse in the county that you live in.
  - If you do not live in Indiana, file in the county in which you received the **most recent moving violation judgement.**

**Scroll down for instructions on how to fill out the form**

STATE OF INDIANA ) IN THE COUNTY YU WILL FILE YOUR DOCUMENTS IN COURT YOU WILL FILE IN. IF YOU DO NOT KNOW, LEAVE THIS BLANK COURT  
COUNTY OF COUNTY YOU WILL FILE YOUR DOCUMENTS IN ) )SS: )  
CAUSE NO. LEAVE BLANK )

IN RE THE MATTER OF: )

YOUR NAME )  
Petitioner, ) Petitioner Date of Birth YOUR DATE OF BIRTH  
) Petitioner Operator License YOUR LICENSE NUMBER

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.**

1. 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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email address: YOUR EMAIL

CHECK THIS BOX IF YOU ONLY WANT THE COURT TO EMAIL YOU ABOUT YOUR CASE

I will accept service at the above email address.

Phone: YOUR PHONE NUMBER  
Fax: YOUR FAX NUMBER, IF YOU HAVE ONE

3. This is an MI case type as defined in Administrative Rule 8(B)(3).
4. There are related cases: *(If yes, please indicate below)*

IF YOU HAVE OTHER CASES RELATED TO THIS ONE, CHECK "YES" AND FILL IN THE BLANKS BELOW. IF NO, CHECK "NO." }  Yes  
 No

Caption and case number of related cases:

**IF YOU CHECK "YES" ABOVE, FILL IN THESE BLANKS**

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:

**ADDITIONAL INFORMATION REQUIRED BY LOCAL RULE**

**PRINT THIS FORM AND SIGN HERE**

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 YOU SEND TO THE ABOVE PARTIES** \_\_\_\_\_

**DATE**

\_\_\_\_\_ Date

**PRINT THIS FORM AND SIGN HERE**

Signature \_\_\_\_\_

**YOUR NAME**

\_\_\_\_\_ Printed Name

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.

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

IN RE THE MATTER OF: )  
 )  
 ) Petitioner Date of Birth \_\_\_\_\_  
 ) Petitioner Operator License \_\_\_\_\_  
 )  
\_\_\_\_\_)  
Petitioner, )  
 )  
v. )  
 ) **FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT**  
 ) **THE OTHER FORMS YOU FILLED OUT AND COPY THE**  
 ) **INFORMATION HERE**  
\_\_\_\_\_)  
County )  
Prosecutor and The Commissioner )  
for the Indiana Bureau of Motor )  
Vehicles, )  
Respondent. )

-----

**Verified Petition for Specialized Driving Privileges**

(I.C. 9-30-16)

Petitioner, YOUR NAME, a self-represented litigant, respectfully moves the Court to grant Petitioner specialized driving privileges pursuant to I.C. 9-30-16.

Petitioner affirms under the penalties of perjury:

1. Petitioner's name as it appears on their driver's license is:  
YOUR NAME AS IT APARS ON YOUR LICENSE.
2. Petitioner is AGE years old and was born on BIRTHDATE.
3. Petitioner's address is:  
YOUR ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_
4. Petitioner is currently, or has been in the past, an Indiana resident.
6. Petitioner's license suspension is not due to a refusal to submit to a chemical test offered under IC § 9-30-65.
7. Petitioner DOES OR DOES NOT now hold a commercial driver's license.
8. A current certified copy of Petitioner's Indiana Bureau of Motor Vehicles Driving Record is attached hereto as Exhibit A.

MARK THE BOX THAT IS TRUE

8.  Petitioner has filed no other petitions under IC § 9-30-16.
- OR-**
- Petitioner has filed other petitions (requests) under IC § 9-30-16 to seek specialized driving privileges, specifically, a petition filed in COUNTY OF OTHER REQUESTS County, Indiana on the DAY FILED day of MONTH FILED, 20 YEAR. That petition is STATUS OF PETITION (IT MIGHT BE PENDING, GRANTED, DENIED, ETC.).

MARK THE BOX THAT IS TRUE

9.  There are no current criminal charges or traffic violations pending against Petitioner.
- OR-**
- The following criminal charges or traffic violations are pending against Petitioner as follows:

Court	Cause Number	Case Type
<b>IF YOU HAVE CRIMINAL CHARGES PENDING AGAINST YOU, FILL IN THE COURT, CAUSE NUMBER AND CASE TYPE HERE</b>		

10. Petitioner seeks stay of the current suspensions and grant of specialized driving privileges for the following suspensions (list every suspension):
- LIST EVERY SUSPENSION YOU HAVE**
- 
- 
- 
- 
- 

11. Petitioner specifically seeks the following (state the grounds for relief and relief sought):
- WRITE THE DAYS AND TIMES YOU WOULD LIKE TO BE ABLE TO DRIVE. ALSO, WRITE WHY YOU WANT TO BE ABLE TO DRIVE ON THOSE DAYS AND TIMES.**
- 
- 
- 
- 

WHEREFORE, Petitioner respectfully requests this Court set this matter for hearing, issue specialized driving privileges pursuant to IC § 9-30-16 and for all other relief just and proper in the premises.

I affirm under penalties of perjury that the foregoing representations are true.

Respectfully submitted,

PRINT THIS FORM AND SIGN HERE

Signature

YOUR NAME

Printed Name

CERTIFICATE OF SERVICE

I hereby certify that I sent 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 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 YOU SEND TO THE ABOVE PARTIES

DATE

Date

PRINT THIS FORM AND SIGN HERE

Signature

YOUR NAME

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.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT  
THE OTHER FORMS YOU FILLED OUT AND COPY THE  
INFORMATION HERE

**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 specialized driving  
privileges.

The nature of the suit is specialized driving privileges 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 Commissioner for the Indiana Bureau of Motor Vehicles by:

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.

- electronic transmission **or**
- US Mail at:  
Indiana Government Center North  
Room 402  
100 North Senate Avenue  
Indianapolis, IN 46204 **or**
- Service by sheriff

Date: **LEAVE BLANK** \_\_\_\_\_

**LEAVE BLANK** \_\_\_\_\_  
Clerk, **COUNTY** \_\_\_\_\_ County Court

**YOUR NAME AND ADDRESS**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE  
OTHER FORMS YOU FILLED OUT AND COPY THE  
INFORMATION HERE

-----  
**SUMMONS**

**TO:** The COUNTY County Prosecutor, at:  
PROSECUTOR'S ADDRESS

The above named Petitioner has filed a case in the court stated above for specialized driving privileges.

The nature of the suit is specialized driving privileges 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:

YOU SHOULD CHECK  
THE BOX THAT  
TELLS THE COURT  
HOW THESE FORMS  
WILL GET TO THE  
PROSECUTOR. YOU  
CAN ASK THE CLERK  
WHICH TO CHECK  
WHEN YOU FILE THIS  
AT THE COURT  
HOUSE.

the COUNTY County Prosecutor by

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

Date: LEAVE BLANK

LEAVE BLANK  
Clerk, COUNTY County Court

YOUR NAME  
ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

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

IN RE THE MATTER OF: )  
)  
) Petitioner Date of Birth \_\_\_\_\_  
) Petitioner Operator License \_\_\_\_\_  
)  
\_\_\_\_\_  
)  
Petitioner, )  
)  
)  
v. )  
) **FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT**  
) **THE OTHER FORMS YOU FILLED OUT AND COPY THE**  
) **INFORMATION HERE**  
)  
\_\_\_\_\_ County )  
)  
Prosecutor and The Commissioner )  
)  
for the Indiana Bureau of Motor )  
)  
Vehicles, )  
)  
Respondent. )

**ORDER SETTING HEARING ON PETITION FOR SPECIALIZED DRIVING PRIVILEGES**

Hearing on the Petition for Specialized Driving Privileges is set for:

**LEAVE BLANK**

In setting this hearing, the Court has not determined that the Petitioner qualifies for Specialized Driving Privileges. In addition to proving qualification for specialized privileges, the Petitioner should be prepared to address the following concerns at hearing:

- Use of Ignition Interlock
- Consent from Prosecutor if suspension was issued as a term of a plea agreement
- Specific days/times of day when driving will occur
- Specific route(s) of travel to be taken
- Payment of outstanding fees as required by BMV or resolution of outstanding tickets
  
- The Petition does not attach a driving record. The Petitioner is advised that the Court will not set this matter for hearing until a current, certified driving record has been filed.

The Petitioner is responsible for bringing to the hearing a **current copy** of Petitioner's Indiana Driving Record. Relief will not be granted in its absence.

The Petitioner is also responsible for bringing to the hearing adequate documentation of proof of future financial responsibility, and should not expect relief to be granted in the absence of that documentation.

LEAVE BLANK  
Date

LEAVE BLANK  
Judicial Officer

Distribution:  
YOUR NAME, Petitioner, YOUR ADDRESS  
COUNTY County Prosecutor  
Indiana BMV, 100 North Senate Avenue, Indianapolis, IN 46204

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

IN RE THE MATTER OF: )  
 )  
 ) Petitioner Date of Birth \_\_\_\_\_  
 ) Petitioner Operator License \_\_\_\_\_  
 )

\_\_\_\_\_  
 Petitioner,  
 )

v. ) **FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT**  
 ) **THE OTHER FORMS YOU FILLED OUT AND COPY THE**  
 ) **INFORMATION HERE**

\_\_\_\_\_  
 County  
 Prosecutor and The Commissioner  
 for the Indiana Bureau of Motor  
 Vehicles,  
 Respondent. )

**ORDER FOR SPECIALIZED DRIVING PRIVILEGES PURSUANT TO I.C. 9-30-16**

This matter is before the Court on a verified Petition for Specialized Driving Privileges filed in accordance with IC 9-30-6-4.

The Court finds, preliminarily, that the Petition complies with the pleading requirements of IC 9-30-16-4(b), and has been properly served on the Prosecuting Attorney and Indiana Bureau of Motor Vehicles.

- Evidence was presented in support of the Petition.
- or**
- The Prosecuting Attorney does not object to the granting of Specialized Driving Privileges.

After reviewing I.C. 9-30-16-1 and I.C. 9-30-16-3(d), the Court further finds that the Petitioner is eligible for Specialized Driving Privileges.

The Petitioner has disclosed active COURT ORDERED driving privilege suspensions:

LEAVE BLANK

CAUSE NUMBER	DATES OF SUSPENSION	REASON/OFFENSE/CONVICTION

The Petitioner has disclosed active BMV administrative driving privilege suspensions:

DATES OF SUSPENSION	REASON

The Court now DENIES the Petition for Specialized Driving Privileges.

The Court now GRANTS the Petition for Specialized Driving Privileges as follows:

The suspensions listed above are now stayed, and the Petitioner is granted **SPECIALIZED**

**DRIVING PRIVILEGES** for a period of \_\_\_\_ days, commencing the date of this ORDER.

The conditions and limitations of those Specialized Driving Privileges are as follows:

Specialized Privileges Related to Employment  
 If this box is checked, the Petitioner has been granted the special privilege to operate a vehicle directly to and from work/employment, specifically as follows:

From the Petitioner's home address, as set out above, directly to the Petitioner's place of work/employment at the address set out above, and then directly back to the Petitioner's home address.

If this box is checked, this special privilege is limited to the following days of the week:  
M Tu W Th F Sa Su

If this box is checked, this special privilege is further limited to the following hours of the day:  
From : .m. through : .m.

If this box is checked, the Petitioner shall be permitted to operate a vehicle, for work/employment purposes only, during the course of the work day, as long as otherwise also complying with this ORDER

Pursuant to the attached schedule  
 From : .m. through : .m.

Specialized Privileges Related to Child Care and Other Child Responsibilities

If this box is checked, the Petitioner has been granted the special privilege of operating a vehicle for the limited purpose of taking a child/children to and from school. Vehicle operation is limited to travel from the Petitioner's home address, as set out above, directly to the child's school, and then directly back to the Petitioner's home address.

- Child/ren's school(s):
- If this box is checked, this special privilege includes the listed extra-curricular activities:
- If this box is checked, this special privilege is limited to the following days of the week:  
 M  Tu  W  Th  F  Sa  Su
- If this box is checked, this special privilege is further limited to the following hours of the day:  
 From : .m. through : .m.

If this box is checked, the Petitioner has been granted the special privilege of operating a vehicle for the limited purpose of taking a child/children to and from a child care provider. Vehicle Operation is limited to travel from the Petitioner's home address, as set out above, directly to the child's care provider, and then directly back to the Petitioner's home address.

- Child's care provider and address:
- If this box is checked, this special privilege is limited to the following days of the week:  
 M  Tu  W  Th  F  Sa  Su
- If this box is checked, this special privilege is further limited to the following hours of the day:  
 From : m. through : .m.

Specialized Privileges Related to Required Counseling/Therapy

If this box is checked, the Petitioner has been granted the special privilege of operating a vehicle for the limited purpose of attending counseling/therapy as required by a court, case manager, probation officer, parole officer, or community correction officer. Vehicle operation is limited to travel from the Petitioner's home address, as set out above, directly to the counseling program, and then directly back to the Petitioner's home address.

- Counseling Provider and address:
- If this box is checked, this special privilege is limited to the following days of the week:  
 M  Tu  W  Th  F  Sa  Su
- If this box is checked, this special privilege is further limited to the following hours of the day:  
 From : .m. through : .m.

Other Specialized Privileges

If this box is checked, the Petitioner has been granted the special privilege of operating a vehicle for the limited purpose of \_\_\_\_\_.

Vehicle operation is limited to travel from the Defendant's home address, as set out above, directly to the address(es) set out below, and then directly back to the Defendant's home address.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- If this box is checked, this special privilege is limited to the following days of the week:  
  M  Tu  W  Th  F  Sa  Su
- If this box is checked, this special privilege is further limited to the following hours of the day:  
 From : .m. through : .m.

In all instances, the Petitioner shall only operate a vehicle equipped with an operating ignition interlock device.

**IT IS FURTHER ORDERED**, that the person granted Specialized Driving Privileges by this Order must comply with the following requirements:

- Must maintain proof of future financial responsibility insurance, covering the entire period of specialized driving privileges, and must carry written proof of this insurance on his/her person or in the vehicle being operated.
- Must produce the written proof of future financial responsibility insurance upon the request of a law enforcement officer.
- Must carry on his/her person, a copy of this ORDER FOR SPECIALIZED DRIVING PRIVILEGES or have a copy of the order in the vehicle being operated by the Petitioner.
- Must produce the copy of this ORDER FOR SPECIALIZED DRIVING PRIVILEGES upon the request of a law enforcement officer.
- Must carry on his/her person, a valid license or permit issued by the Indiana Bureau of Motor Vehicles or have the valid license or permit in the vehicle being operated by the Petitioner.
- If the person granted specialized driving privileges under this order holds a commercial driver's license, he/she may not, for the duration of the suspension for which the specialized driving privileges are sought, operate any vehicle that requires him/her to hold a commercial driver's license to operate the vehicle pursuant to Ind. Code 9-30-16-3(f).

**MODIFICATION OF THIS ORDER FOR SPECIALIZED DRIVING PRIVILEGES** shall only be made by an order of the Court. In the event that the Petitioner wishes to seek modification of this Order, the Petitioner must file a Petition for Modification of Specialized Driving Privileges. Any such Petition for Modification must:

- Be filed in this Court
- Be verified by the Petitioner
- Plainly and succinctly state the grounds for modification and the relief being sought
- Attach a copy of the original ORDER FOR SPECIALIZED DRIVING PRIVILEGES
- Be properly served upon the Indiana Bureau of Motor Vehicles and the \_\_\_\_\_ County Prosecuting Attorney

A hearing will then be held, and if amendment is granted, the Petitioner will be given an AMENDED ORDER to be attached to the original order and carried/produced as required above.

**This Order for Specialized Driving Privileges DOES NOT SUPERSEDE:**

- any suspension of driving privileges ordered by a court of the State of Indiana on any date subsequent to the date of this Order
- any suspension of driving privileges issued by the Indiana Bureau of Motor Vehicles on any date subsequent to the date of this Order, regardless of the Petitioner's knowledge or notice of such suspension
- any suspension of driving privileges issued by the Indiana Bureau of Motor Vehicles or any court of the

State of Indiana that was not disclosed to this Court prior to the granting of the Specialized Driving Privileges. In that regard, the following suspensions were disclosed to this Court, prior to the granting of Specialized Driving Privileges:

**DURATION OF THIS ORDER FOR SPECIALIZED DRIVING PRIVILEGES**

The Specialized Driving Privileges granted by this Order, automatically expire at 11:59:59 p.m., \_\_\_\_\_ days from the date of this ORDER. At that time, the stay of suspension(s) granted by this Order is lifted, and any active suspension(s) of the Petitioner’s driving privileges shall be considered of full force and effect.

A Review Hearing is set for LEAVE BLANK

ALL OF WHICH IS ORDERED LEAVE BLANK

LEAVE BLANK  
Judicial Officer

Distribution:

COUNTY County Prosecutor  
YOUR NAME, Petitioner, YOUR ADDRESS  
Indiana BMV, 100 North Senate Avenue, Indianapolis, IN 46204