

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

IN RE THE MATTER OF: )  
)  
)  
)  
\_\_\_\_\_)  
Petitioner, )  
)  
v. )  
)  
Clark County )  
Prosecutor and The Commissioner )  
for the Indiana Bureau of Motor )  
Vehicles, )  
Respondent. )

Petitioner Date of Birth \_\_\_\_\_  
Petitioner Operator License \_\_\_\_\_

**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 \_\_\_\_\_ 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

I will accept service at the above email address.

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

3. This is an MC case type as defined in Administrative Rule 8(B)(3).
4. There are related cases: *(If yes, please indicate below)*  
 Yes  
 No

Caption and case number of related cases:

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:

\_\_\_\_\_  
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 Clark County Prosecutor by

US Mail **or**

hand delivery **or**

electronic transmission

on \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

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

\_\_\_\_\_  
Petitioner, Petitioner Date of Birth \_\_\_\_\_  
Petitioner Operator License \_\_\_\_\_

v.

Clark County Prosecutor  
and the Commissioner for the Indiana  
Bureau of Motor Vehicles,  
Respondent.

**VERIFIED PETITION TO WAIVE RE-INSTATEMENT FEES**

Comes now the Petitioner, and for their Verified Petition to Waive Re-Instatement Fees now states as follows:

1. I am indigent (See attached Affidavit of Indigency)
2. I reside in \_\_\_\_\_ County, Indiana at the following address:  
\_\_\_\_\_.

3. I owe fees to the Indiana Bureau of Motor Vehicles in the sum of \$\_\_\_\_\_ for reinstatement of my driver's license. (See attached BMV Notice).

4. I will bring proof of future financial responsibility (i.e. proof of insurance) to the court hearing.

5. My birthdate is \_\_\_\_\_.

6. The last four (4) digits of my driver's license number are \_\_\_\_\_.

7. I seek waiver of these reinstatement fees for the following reasons:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby affirm under penalties for perjury that the foregoing statements are true and correct.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
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 Clark County Prosecutor by

US Mail **or**

hand delivery **or**

electronic transmission

on \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

STATE OF INDIANA  
COUNTY OF Clark

IN THE Clark Circuit COURT  
CAUSE NO. \_\_\_\_\_

IN THE MATTER OF:

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

v.

Clark County Prosecutor  
and The Commissioner for the Indiana  
Bureau of Motor Vehicles,  
Respondents.

**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 a waiver of re-instatement fees.

The nature of the suit is waiver of re-instatement fees 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 Clark County Prosecutor by

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Clerk, Clark County Court

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

STATE OF INDIANA

IN THE Clark Circuit COURT

COUNTY OF Clark

CAUSE NO. \_\_\_\_\_

IN THE MATTER OF:

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

v.

Clark County Prosecutor  
and The Commissioner for the Indiana  
Bureau of Motor Vehicles,  
Respondents.

**SUMMONS**

**TO:** The Clark County Prosecutor, at:  
501 E Court Avenue, Jeffersonville, IN 47130

The above named Petitioner has filed a case in the court stated above for a waiver of re-instatement fees.

The nature of the suit is waiver of re-instatement fees 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 Clark County Prosecutor by

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Clerk, Clark County Court

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

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

\_\_\_\_\_  
 Petitioner, Petitioner Date of Birth \_\_\_\_\_  
 Petitioner Operator License \_\_\_\_\_

v.

Clark County Prosecutor  
 and the Commissioner for the Indiana  
 Bureau of Motor Vehicles,  
 Respondent.

**INDIGENCY AFFIDAVIT**

The Petitioner now states:

1. I wish to file this action and I believe that 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 cannot pay any of the re-instatement fees required by the BMV because I do not have sufficient income or resources.
4. I live with \_\_\_\_\_.
5. Our family's income is \$ \_\_\_\_\_ per month. (Total from below)

Income received *each month*, before taxes:

Wages (\$ _____ per hour x _____ hours <b>per month</b> )	\$ _____
Unemployment Compensation	\$ _____
AFDC/TANF Benefits	\$ _____
SSI/SSD Benefits	\$ _____
Child Support	\$ _____
Other (please describe)	\$ _____

Total Income: \$ \_\_\_\_\_

6. We have \$ \_\_\_\_\_ in the bank.
7. Our expenses total \$ \_\_\_\_\_ per month. (Total from below)

Expenses spent *each month*:

Housing (Rent, Contract, or Mortgage)	\$ _____
Utilities (Gas, Elective, Water, Phone, etc.)	\$ _____
Food	\$ _____
Child Care	\$ _____

Medical Bills	\$
Transportation	\$
Insurance (car, medical, and/or property)	\$
Child Support	\$
Other (please describe)	\$

Total 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 perjury that the foregoing representations are true.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

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



STATE OF INDIANA

IN THE Clark Circuit COURT

COUNTY OF Clark

CAUSE NO. \_\_\_\_\_

IN THE MATTER OF:

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

Petitioner Date Of Birth \_\_\_\_\_

v.

Petitioner Operator License \_\_\_\_\_

Clark County  
Prosecutor and The Commissioner  
for the Indiana Bureau of Motor  
Vehicles,  
Respondents.

**ORDER SETTING HEARING**

A Verified Petition To Waive Re-Instatement Fees has been filed in this Court. The Court now sets this matter for hearing. The parties must be prepared to present evidence in support of their petition. Failure to appear may result in matters being decided in your absence.

**IT IS SO ORDERED** that this matter shall be heard on:

\_\_\_\_\_.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Judicial Officer

Distribution:

Clark County Prosecutor  
501 E Court Ave, Jeffersonville, IN 47130

The Commissioner for the Indiana Bureau of Motor Vehicles  
Indiana Government Center North, Room 402  
100 North Senate Avenue  
Indianapolis, Indiana 46204

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

STATE OF INDIANA ) IN THE Clark Circuit COURT  
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COUNTY OF Clark ) CAUSE NO. \_\_\_\_\_

\_\_\_\_\_  
Petitioner, Petitioner Date of Birth \_\_\_\_\_  
Petitioner Operator License \_\_\_\_\_

v.

Clark County Prosecutor  
and the Commissioner for the Indiana  
Bureau of Motor Vehicles,  
Respondent.

**ORDER WAIVING DRIVER'S LICENSE REINSTATEMENT FEE**

The Petitioner, \_\_\_\_\_, self-represented, having filed their  
Verified Petition for Waiver of Driver's License Reinstatement Fee and this Court having  
reviewed the same now **GRANTS** said petition.

**SO ORDERED** \_\_\_\_\_.

\_\_\_\_\_  
Judicial Officer

**DISTRIBUTION:**

Clark County Prosecutor's Office  
Indiana Bureau of Motor Vehicles, Indiana Government Center North, Room 402, 100  
North Senate Avenue, Indianapolis, IN 46204  
\_\_\_\_\_, Petitioner, \_\_\_\_\_