

Instructions for Petitions and Proceedings to Waive BMV Driver's License Re-Instatement Fees Under IC 9- 29-10

If the Indiana Bureau of Motor Vehicles (BMV) has notified you that you must pay re-instatement fees in order to obtain a valid Indiana Driver's License then you may be eligible to seek a Court Order directing the BMV to waive part or all of those re-instatement fees.

To seek this Court Order directing the BMV to waive your re-instatement fees you must meet the following requirements:

1. You must be of limited financial resources such that the reinstatement fee cannot be reasonably paid.
2. You must be a resident of Morgan County, Indiana.
3. You must owe re-instatement fees to the BMV in order to re-instate your driver's license.
4. You must have proof of future financial responsibility (contact your insurance agent to obtain a written insurance quote).

If you meet the above requirement please complete the following forms: (fill in all blanks and sign both forms)

1. Verified Petition to Waive Re-Instatement Fees.
 - a. Attach the BMV Notice of Re-Instatement Fees to the Verified Petition.
 - b. Attach the Written Insurance Quote to the Verified Petition.
2. Indigency Affidavit.
3. Summons to the Bureau of Motor Vehicles and the Morgan County Prosecutor

File the completed and signed Verified Petition and attachments, along with the completed and signed Indigency Affidavit with the Morgan County Clerk's Office.

All filing fees (Court Costs) will be waived or deferred if you are indigent.

The Clerk will assign your paperwork a Cause Number (MC- Miscellaneous).

You will be notified of a hearing date, and you must attend your hearing, and be prepared to show the facts alleged in the petition.

Following the hearing the Court will issue an Order either granting your Verified Petition and waiving your re-instatement fees, in part or in full or setting forth non-monetary arrangements to satisfy the re-instatement fee obligations or denying your request.

Should you fail to fully complete your paperwork or fail to attend your hearing your Verified Petition will be summarily dismissed.

STATE OF INDIANA
 IN THE CIRCUIT/SUPERIOR COURT OF MORGAN COUNTY
 CAUSE NO. 55 ___ -

)
)
Plaintiff,)
)
VS.)
)
)
Morgan County Prosecutor)
Bureau Of Motor Vehicles)
Defendant.)

VERIFIED PETITION TO WAIVE REINSTATEMENT FEE

Comes now the Petitioner, and says:

1. The Petitioner's full legal name is _____
2. The Petitioner's date of Birth is _____. (XX/XX/XXXX)
3. The Petitioner's Indiana Drivers License number is _____. (XXXX-XX-XXXX)
4. My Current Address is: _____
5. That Petitioner owes the State of Indiana, Bureau of Motor Vehicles, a reinstatement in order to reinstate his/her operator's license. The current fee being required is \$_____.00.
6. That the Petitioner would show the Court he/she is indigent with the provided below information.
 - 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 total Household income is _____ per month. (Total from below)

(Income received each month, before taxes)

My Wages (_____ per hour x _____ hours per month)	\$ _____	
Other Wages (_____ per hour x _____ hours per month)	\$ _____	
Unemployment Compensation	\$ _____	
AFDC / TANF Benefits	\$ _____	
SSI / SSD Benefits	\$ _____	
Child Support	\$ _____	
Other	+	\$ _____
Total =		\$ _____

We have \$_____ in the bank.

Our expenses total \$_____ per month: (Total from below)(Expenses spent each month)

Housing (Rent, Contract, or Mortgage) \$_____

Utilities (Gas, Electric, Water, Phone, etc.) \$_____

Food \$_____

Child Care \$_____

Medical Bills \$_____

Transportation \$_____

Insurance (car, medical and/or property) \$_____

Child Support \$_____

Other (please describe) + \$_____

Total = \$_____

7. Given the reinstatement fee noted above fee and it would take petitioner at least _____ months to save for that purpose.

8. The petitioner needs to be able to drive in order to:

8. There are no other outstanding issues with regard to my driving record and the reinstatement fee is the remaining barrier to regaining a valid license, and a copy of my driving record is attached.

9. That the Petitioner has paid for and a copy of his/her SR50 is attached and the petitioner has shown this Court proof of financial responsibility.

WHEREFORE, the Petitioner, requests that the Court grant this petition and for all other relief that is proper in the premises.

I HEREBY AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT THE FOREGOING STATEMENTS ARE TRUE TO MY BEST KNOWLEDGE AND BELIEF.

Petitioner

Address _____

City St Zip _____

STATE OF INDIANA

IN THE CIRCUIT/SUPERIOR COURT OF MORGAN COUNTY
CAUSE NO. 55__-

_____)
Plaintiff,)
)
VS.)
)
Morgan County Prosecutor)
Bureau Of Motor Vehicles)
Defendant.)

SUMMONS

TO Morgan County Prosecutor
Courthouse
Martinsville IN 46151

You are hereby notified that you have been sued by the person named as plaintiff and in the court indicated above. The nature of the suit against you is stated in the complaint which is attached to this summons. It also states the relief sought or the demand made against you by the plaintiff. An answer or other appropriate response in writing to the complaint must be filed either by you or your attorney within twenty days, commencing the day after you receive this summons, (or twenty-three days if this summons was received by mail), or a judgment by default may be rendered against you for the relief demanded by plaintiff.

If you have a claim for relief against the plaintiff arising from the same transaction or occurrence, you must assert it in your written answer.

Dated: _____

Stephanie Elliot Clerk,
Circuit Superior Courts
of Morgan County

(The following manner of service of summons is hereby designated.)

_____ Other service. (Specify) Court House Service Box

Certify Served on ___/___/___ by _____

Name printed _____

STATE OF INDIANA

IN THE CIRCUIT/SUPERIOR COURT OF MORGAN COUNTY
CAUSE NO. 55___-

_____)
Plaintiff,)
)
VS.)
)
Morgan County Prosecutor)
Bureau Of Motor Vehicles)
Defendant.)

SUMMONS

TO Bureau of Motor Vehicles
Indiana Government Center North
100 North Senate Avenue
Indianapolis, IN 46204

You are hereby notified that you have been sued by the person named as plaintiff and in the court indicated above. The nature of the suit against you is stated in the complaint which is attached to this summons. It also states the relief sought or the demand made against you by the plaintiff. An answer or other appropriate response in writing to the complaint must be filed either by you or your attorney within twenty days, commencing the day after you receive this summons, (or twenty-three days if this summons was received by mail), or a judgment by default may be rendered against you for the relief demanded by plaintiff.

If you have a claim for relief against the plaintiff arising from the same transaction or occurrence, you must assert it in your written answer.

Dated: _____

Stephanie Elliot Clerk,
Circuit Superior Courts
of Morgan County

(The following manner of service of summons is hereby designated.)

_____ Registered or certified mail.