

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 indigent.
2. You must be a resident of Kosciusko 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 and proof of Insurance).

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.

File the completed and signed Verified Petition and attachments, along with the completed and signed Indigency Affidavit with the Kosciusko 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 (MI- Miscellaneous).

The Clerk will issue a copy of your paperwork to the Prosecuting Attorney.

The Court will schedule a Court hearing in the Kosciusko Superior Court at which you must appear.

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.

IN THE KOSCIUSKO SUPERIOR COURT 2

WARSAW, INDIANA

CAUSE NO.: 43D0 __-[-____-MI-____]

Petitioner

-VS-

DANIEL HAMPTON,
KOSCIUSKO COUNTY PROSECUTING ATTORNEY
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 per month) _____

Unemployment Compensation _____

AFDC / TANF Benefits _____

SSI / SSD Benefits _____

Child Support _____

Other _____

+
Total = _____

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, Electric, Water, Phone, etc.) _____

Food _____

Child Care _____

Medical Bills _____

Transportation _____

Insurance (car, medical and/or property) _____

Child Support _____

Other (please describe) _____

+
Total = _____

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

PERSONAL APPEARANCE FORM

SELF-REPRESENTED PETITIONER
(CRIMINAL / PROBATION VIOLATION / HOME DETENTION)

Petitioner: _____

Case Number: _____

I am representing myself *Pro Se*.

1. Full Name of Petitioner: _____
2. Self Represented Petitioner Information (as applicable for service):
Address: (both physical and mailing – if different)

Street Address: _____

Post Office Box: _____

City: _____

State: _____

Zip Code: _____

Telephone Number (including area code): _____

Facsimile Number (including area code): _____

Computer Email Address: _____
3. Will Petitioner accept service by FAX: Yes ☐ No ☐

Authority: Pursuant to Criminal Rule 2.1(B) & (C), this form shall be filed at the time a criminal proceeding is commenced. In emergencies, the requested information shall be supplied when it becomes available. The Defendant shall always advise the Court of a change in information previously provided to the Court.

IN THE KOSCIUSKO SUPERIOR COURT 2

WARSAW, INDIANA

CAUSE NO.: 43D0__ - ____ -MI-_____

Petitioner

-VS-

DANIEL HAMPTON,

KOSCIUSKO COUNTY PROSECUTING ATTORNEY

Respondent

VERIFIED PETITION TO WAIVE RE-INSTATEMENT FEES

Comes now the Petitioner, and for his/her Verified Petition to Waiver Re-Instatement Fees now states as follows:

I am indigent. (See attached Affidavit of Indigency)

I reside in Kosciusko County, Indiana at the following address: _____ owe fees to the Indiana Bureau of Motor Vehicles in the sum of \$_____ for reinstatement of my driver's license. (See attached BMV Notice)

I have proof of future financial responsibility. (See attached Insurance Documents)

I seek waiver of these reinstatement fees for the following reasons:

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

Date: _____

Signature

Printed Name

The Kosciusko County Clerk of the Court shall forward a copy of this Petition to the Kosciusko County Prosecuting Attorney.