

STATE OF INDIANA) IN THE ELKHART COUNTY SUPERIOR COURT
)SS:
COUNTY OF ELKHART) CAUSE NO. _____

Petitioner, Petitioner Date of Birth _____
Petitioner Operator License _____

v.

Elkhart 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

/s/_____
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 Elkhart County Prosecutor by

US Mail **or**

hand delivery **or**

electronic transmission

on _____.

Date

/s/_____
Signature

Printed Name