

STATE OF INDIANA ) IN THE ELKHART SUPERIOR COURT  
 )  
 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.

**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, Electric, 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: \_\_\_\_\_ /s/ \_\_\_\_\_  
Signature

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