

STATE OF INDIANA) IN THE ELKHART SUPERIOR/CIRCUIT COURT
)
COUNTY OF ELKHART) CAUSE NO. _____

IN RE THE SPECIALIZED)
DRIVING PRIVILEGES AND)
REINSTATEMENT)
WAIVER OF:) Petitioner Date of Birth _____
) Petitioner Operator License _____
_____)
Petitioner,)
v.)
)
State of Indiana)
and The Commissioner)
for the Indiana Bureau of Motor)
Vehicles,)
Respondents.)

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 MI 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:

/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