

STATE OF INDIANA) IN THE SUPERIOR/CIRCUIT COURT
)
 COUNTY OF) 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.

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 (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