

STATE OF INDIANA ) IN THE ELKHART \_\_\_\_\_ COURT \_\_\_\_  
 )  
COUNTY OF ELKHART ) CAUSE NO: 20\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

IN RE THE MATTER OF:

THE WAIVER OF  
REINSTATEMENT FEES OF:

\_\_\_\_\_  
Petitioner, (**Print Name Here**)

**VERIFIED PETITION FOR WAIVER OF REINSTATEMENT FEES**

COMES NOW the Petitioner, and under the penalties for perjury, does swear or affirm:

1. My full name is: \_\_\_\_\_
2. My birth date is: \_\_\_\_\_
3. My Indiana driver's license number is: \_\_\_\_\_
4. I am currently a resident of Elkhart County, Indiana. My current and full mailing address, including city, state, and zip code, is:  
\_\_\_\_\_  
\_\_\_\_\_
5. My telephone number is: \_\_\_\_\_
6. I understand that pursuant to Indiana Code § 9-25-6-15.1(d), in order for a court to waive reinstatement fees, a court must find that the petitioner "is indigent and has presented proof of future financial responsibility." I swear or affirm that I am indigent (unable to afford to pay my reinstatement fees) and I will provide proof to the court at my hearing that I will have future financial responsibility (car insurance).

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
DATE

**ATTENTION CLERK'S OFFICE:** Pursuant to Indiana Code § 9-25-6-15.1(b), upon filing this Petition with the clerk of the court, the clerk shall forward a copy of this Petition to the Elkhart County Prosecuting Attorney's Office and the Indiana Bureau of Motor Vehicles.