

**INSTRUCTIONS FOR FILING**  
**MOTOR VEHICLE TITLE (Court Order Title)**

Fill out the following:

1. The **Petition** (*Verified Request for an Order Requiring the Indiana Bureau of Motor Vehicles to Issue a Title*).

You **MUST** include the following items with this petition.

- a. Bill of sale or other document showing ownership.
- b. Affidavit of Police Officer Physical Inspection
- c. Driver's License

2. Fill in all the blanks on the **PETITION**.

3. Bring all completed forms back to the Clerk's Office and file forms.  
**Cost is \$157.00 \*\*NO PERSONAL CHECKS ACCEPTED\*\***

4. Hearing dates will be scheduled according to the Marion County Circuit Court's schedule.

**\* YOU WILL BE REQUIRED TO APPEAR FOR THIS HEARING TO HAVE YOUR COURT ORDER SIGNED.\***

You have 3 options to file.

1. Bring your filing to the Clerk's office:  
675 Justice Way  
Indianapolis, IN 46203
2. Mail your filing:  
Marion County Clerk  
200 E Washington Street, Room W-122,  
Indianapolis, IN 46204 - include money order.
3. Efile your documents by setting up an account.  
<https://www.in.gov/courts/efiling/>

STATE OF INDIANA        )  
                                      ) SS:  
MARION COUNTY        )

MARION CIRCUIT COURT CASE #

\_\_\_\_\_

IN THE MATTER OF:  
VEHICLE TITLE REQUEST  
FOR  
\_\_\_\_\_  
VIN#  
\_\_\_\_\_

**VERIFIED REQUEST FOR COURT  
ORDER FOR VEHICLE TITLE**

Comes now the Petitioner \_\_\_\_\_ and requests that the Court  
issue an order to the Indiana Bureau of Motor Vehicles to issue a title for the following  
vehicle and in support of said request states, under oath, that the following is true:

Petitioner's Full Name:

\_\_\_\_\_

Petitioner's Address:

\_\_\_\_\_

\_\_\_\_\_

County Of Residence:

\_\_\_\_\_

Telephone - Home:

\_\_\_\_\_

Telephone - Cell:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Description of Vehicle:

\_\_\_\_\_

Type of Vehicle:

\_\_\_\_\_

Manufacturer:

\_\_\_\_\_

Make/Model:

\_\_\_\_\_

Year:

\_\_\_\_\_

Estimated Value:

\_\_\_\_\_

VIN:

\_\_\_\_\_

Present location of vehicle:

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State the name, address, and all other known information regarding the previous owner and the owner of record of the current title:

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Describe how you acquired or came into possession of the vehicle:

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Describe the efforts you made and why you cannot obtain a title for the vehicle:

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Please attach any documents including bills of sale, titles, police checks, etc.

Any other information you want the Court to consider (attach pages if needed)

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I affirm under the penalties for perjury that the foregoing representations are true.

Date:	Signature
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	Printed
	<hr/>



# BILL OF SALE

State Form 44237 (R3 / 8-12)

INDIANA BUREAU OF MOTOR VEHICLES

INSTRUCTIONS: 1. Complete in blue or black ink or print form.

VEHICLE OR WATERCRAFT INFORMATION															
Vehicle or Hull Identification Number															
Year				Make				Model				Registration Number (If applicable, watercraft only)			
SALE INFORMATION															
Purchase Price										Date of Sale (mm/dd/yyyy)					
Purchaser Name(s) (last, first, middle initial or company name)															
Address (number and street)															
City										State			ZIP Code		
<b>I do hereby sell, transfer and convey all rights for the above vehicle/watercraft to the buyer in consideration of the sale payment amount. I certify that the vehicle/watercraft is not subject to any liens that are the responsibility of the seller.</b>															
<b>I swear or affirm that the information I have entered on this form is correct. I understand that making a false statement may constitute the crime of perjury.</b>															
Signature of Seller													Date (mm/dd/yyyy)		
Printed Seller Name (last, first, middle initial or company name)															
Signature of Seller													Date (mm/dd/yyyy)		
Printed Seller Name (last, first, middle initial or company name)															
<b>I swear or affirm that the information entered on this form is correct. I understand that making a false statement may constitute the crime of perjury.</b>															
Signature of Purchaser													Date (mm/dd/yyyy)		
Printed Purchaser Name (last, first, middle initial or company name)															
Signature of Purchaser													Date (mm/dd/yyyy)		
Printed Purchaser Name (last, first, middle initial or company name)															



## PHYSICAL INSPECTION OF A VEHICLE OR WATERCRAFT

State Form 39530 (R5 / 12-11)

Approved by State Board of Accounts, 2011  
INDIANA BUREAU OF MOTOR VEHICLES

- INSTRUCTIONS:**
1. Approved inspector must complete information in blue or black ink or print form.
  2. The vehicle identification number (VIN) or hull identification number (HIN) must be inspected to verify the existence and condition of the number. An ownership document is not required to be submitted for inspection.
  3. Inspections may be performed by an employee of a dealer designated by the Indiana Secretary of State, a military policeman assigned to a military post in Indiana, a police officer, or a designated employee of a BMV full or partial service license branch.
  4. Police officers completing this form may not charge a fee of more than \$5.00 for vehicles. No fee may be collected for watercraft inspections. Authorized Indiana dealers and BMV full or partial service license branches may not assess a fee.
  5. Dealers may not perform watercraft inspections.

OWNER INFORMATION													
Name (last, first, middle initial or company name)													
Address (number and street)													
City										State		ZIP Code	
VEHICLE OR WATERCRAFT INFORMATION													
Identification Number												<input type="checkbox"/> NONE (select if no identification number found)	
Year	Make		Model		Type		Plate Number / State			Watercraft Registration Number, if applicable			
<b>For assembled vehicles or watercraft include serial numbers for major component parts if present:</b>													
Engine / Motor						Transmission							
Body Chassis						Front Assembly							
Rear Clip						Frame							
Other (specify):													
<b>*IDACS / NCIC Check (required if form is completed by a police officer)</b>													
Date Check Performed (mm/dd/yyyy)						Comments							
<b>I swear or affirm that the information I have entered on this form is correct. I understand making a false statement may constitute the crime of perjury.</b>													
Signature of Inspector					Printed Name					Title			Date (mm/dd/yyyy)
Badge / Branch / Dealer Number					Police Department / Branch / Dealership					City			ZIP Code
Telephone Number (     )					Email Address								