**REINSTATEMENT WAIVER FEE**

\*FOR THE BEST ADVICE, CONSULT WITH AN ATTORNEY\*

PLEASE HAVE ALL INFORMATION & COPIES BEFORE YOU SUBMIT FOR FILING TO COURT VIOLATIONS BUREAU AT 200 EAST WASHINGTON STREET Traffic Division W122, INDIANAPOLIS, IN 46204

MAKE SURE YOUR WAIVER AND ORDER ARE FILLED OUT COMPLETELY.

MUST HAVE COPIES OF THE FOLLOWING:

* 1 COPY OF MOTION
* 1 COPY OF ORDER
* MEDICAL EXPENSES PAID MONTHLY
* PROOF OF AUTO INSURANCE/BMV
* Copy of BMV Record required
* PAY STUB
* RENT RECEIPT OR LEASE
* UTILITY BILLS
* PROOF OF ANY PUBLIC ASSISTANCE

FOR FREE LEGAL HELP WITH YOUR MOTION TO WAIVER OF REINSTATEMENT FEE, PLEASE CONTACT:

INDIANAPOLIS LEGAL AID SOCIETY INDIANA LEGAL SERVICES

MONDAY-FRIDAY 9:00 A.M. TO 5 P.M. MONDAY-FRIDAY 10:00 A.M. TO 2 P.M.

PHONE: 317-635-9538 PHONE: 800-243-8570 OR

615 N ALABAMA ST., SUITE 122 [WWW.INDIANALEGALSERVICES.ORG](http://WWW.INDIANALEGALSERVICES.ORG)

INDIANAPOLIS, IN 46204 151 N DELAWARE ST., SUITE 1800

 INDIANAPOLIS, IN 46204

NEIGHBORHOOD CHRISTIAN LEGAL CLINIC

MONDAY-THURSDAY 8:00 A.M. TO 5 P.M.

FRIDAY 8:00 A.M. TO 12:00 P.M.

INTAKE SITES ONLY – PHONE: 317-429-4158 OR

[WWW.NCLEGALCLINIC.ORG/INTAKE-LOCATIONS](http://WWW.NCLEGALCLINIC.ORG/INTAKE-LOCATIONS)

STATE OF INDIANA ) IN THE MARION SUPERIOR COURT, COURTROOM 13

 ) SS:

COUNTY OF MARION ) CAUSE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PETITIONER,

V.

STATE OF INDIANA

RESPONDENT **VERIFIED MOTION FOR WAIVER OF REINSTATEMENT FEE**

The Petitioner now states:

1. I am liable for a reinstatement fee imposed under I.C. 9-25-6-15.
2. I cannot pay the reinstatement fee because I am indigent.
3. I live with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
4. Our family’s income is \_\_\_\_\_\_\_\_\_\_\_ per month, (total from below): \_\_\_\_\_\_\_\_\_\_\_\_

(Income received each month, before taxes)

 Wages (\_\_\_\_\_\_\_\_, per hour \_\_\_\_\_\_\_\_ hours per month): \_\_\_\_\_\_\_\_\_\_\_\_

 Unemployment Compensation: \_\_\_\_\_\_\_\_\_\_\_\_

 TANF: \_\_\_\_\_\_\_\_\_\_\_\_

 SSI/SSD Benefits: \_\_\_\_\_\_\_\_\_\_\_\_

 Child Support: \_\_\_\_\_\_\_\_\_\_\_\_

 Other: + \_\_\_\_\_\_\_\_\_\_\_\_

 Total = \_\_\_\_\_\_\_\_\_\_\_\_

1. We have \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the bank.
2. Our total expenses per month: (Total from below): \_\_\_\_\_\_\_\_\_\_\_\_

(Expenses spent each month)

Housing (Rent, contract, mortgage): \_\_\_\_\_\_\_\_\_\_\_\_

 Utilities (Gas, Electric, Water, Phone, etc.): \_\_\_\_\_\_\_\_\_\_\_\_

 Food: \_\_\_\_\_\_\_\_\_\_\_\_

 Child Care: \_\_\_\_\_\_\_\_\_\_\_\_

 Medical Bills: \_\_\_\_\_\_\_\_\_\_\_\_

Transportation: \_\_\_\_\_\_\_\_\_\_\_\_

 Insurance (Car, Medical, and/or Property): \_\_\_\_\_\_\_\_\_\_\_\_

 Child Support: \_\_\_\_\_\_\_\_\_\_\_\_

 Other: + \_\_\_\_\_\_\_\_\_\_\_\_

 Total = \_\_\_\_\_\_\_\_\_\_\_\_

1. I request that this Court waive my reinstatement fee.

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF INDIANA ) IN THE MARION SUPERIOR COURT, COURTROOM 13

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PETITIONER,

V.

STATE OF INDIANA

RESPONDENT **ORDER**

Petitioner’s DLN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Petitioner’s DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMES NOW the petitioner, pro se, having filed this Petition to Waive Reinstatement Fee in the following words and figures, to wit:

(H.1.)

And the Court, being duly advises in the premises. now finds that said Petition should be and hereby is GRANTED. The Court waives all reinstatement fees due the Indiana Bureau of Motor Vehicles pursuant to I.C. 9-25-6-15.1.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Judge

 Marion Superior Court, Courtroom 13