

INSTRUCTIONS FOR FILING MOTOR VEHICLE TITLE FORMS

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 (see Attached STATE FORM 39530)**

c. **Title Inquiry from the Indiana Bureau of Motor Vehicles (See Attached STATE FORM 46449)**

2. Fill in all the blanks on the **ORDER**. (*Order to Indiana Bureau of Motor Vehicles to Issue a Motor Vehicle Title*) with your information.

***EXCEPTION** DO NOT DATE or SIGN on the JUDGE'S SIGNATURE LINE ON THE ORDER**

3. Bring all completed forms back to the Clerk's Office and file forms.

Cost is \$141.00 **NO PERSONAL CHECKS ACCEPTED**

4. A hearing will be scheduled on **Tuesday's at 9:00 a.m.** Hearing dates will be scheduled according to the Decatur County Superior Courts schedule.

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

STATE OF INDIANA)
) SS:
COUNTY OF DECATUR)

IN THE DECATUR SUPERIOR COURT
CAUSE NO. 16D01-_____-MI-_____

IN RE: THE MATTER OF)
A VEHICLE TITLE REQUEST)
FOR _____)
Year Make)
)
)
_____)
Model)

VERIFIED REQUEST FOR AN ORDER REQUIRING THE INDIANA BUREAU OF MOTOR VEHICLES TO ISSUE A TITLE

The Petitioner requests that the Court issue an order to the Indiana Bureau of Motor Vehicles to issue a certificate of title for the following vehicle and in support of said request states as follows:

1. PETITIONER'S INFORMATION:

Petitioner's full name: _____

Petitioner's address: _____

County of Residence: _____

Indiana Driver License Number: _____

2. VEHICLE DESCRIPTION:

Year of Vehicle: _____

Make of Vehicle: _____

Model of Vehicle: _____

VIN Number: _____

Estimated Value: _____

Present Location of Vehicle: _____

3. State the name, address, and all other known information regarding the previous owner of the vehicle: _____

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

5. Describe the efforts you made to obtain a title and why you cannot obtain a title for the vehicle: _____

6. ATTACH THE FOLLOWING DOCUMENTS:

- a. Bill of sale or other document showing ownership,
- b. Affidavit of Police Officer Physical Inspection,
- c. Title Inquiry from the Indiana Bureau of Motor Vehicles.

7. I am the owner of the above-described vehicle.

8. There are no liens against the above-described vehicle.

I AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Dated: _____

Signature: _____

Printed: _____

STATE OF INDIANA)
) SS:
COUNTY OF DECATUR)

IN THE DECATUR SUPERIOR COURT
CAUSE NO. 16D01-_____-MI-_____

IN RE: THE MATTER OF)
A VEHICLE TITLE REQUEST)
FOR _____)
Year Make)
)
)
_____)
Model)

**ORDER TO INDIANA BUREAU OF MOTOR VEHICLES
TO ISSUE A MOTOR VEHICLE TITLE**

The Petitioner filed his Verified Request for an Order Requiring the Indiana Bureau of Motor Vehicles to Issue a Title. The Court, having examined said request and having heard evidence, now FINDS and ORDERS:

1. _____ is the owner of a _____
(Petitioner's Name) (Year)

(Make) (Model)

with VIN# _____.

2. The Indiana Bureau of Motor Vehicles shall issue a title to _____
(Petitioner's Name)

_____ for said motor vehicle.

3. The Petitioner shall provide all information and complete all forms required by the Indiana Bureau of Motor Vehicles for the issuance of a title.

SO ORDERED this _____ day of _____, 201_.

Matthew D. Bailey, Judge
Decatur Superior Court

Distribution:
Petitioner

Instructions for State Forms

AFFIDAVIT OF POLICE OFFICER –State Form 39530

You will need to contact your local police agency to schedule an appointment to have the vehicle inspected.

The police officer will need to complete your State Form 39530. This form will need to be submitted along with your filing.

The Decatur County Clerk **WILL NOT** accept your motor vehicle filing without this form.

REQUEST FOR MOTOR VEHICLE REPORT–State Form 46449

Fill out State Form 46449 completely, mail this form along with the \$4.00 fee.

Mail the State form 46449 & \$4.00 fee to the following address:

**INDIANA BUREAU OF MOTOR VEHICLES
ATTN: VEHICLE TITLE REQUESTS
100 N. SENATE AVE, N412
INDIANAPOLIS, IN 46204**

You will receive back your report approx. 2 to 4 wks. You will need to submit this report to the Decatur Co Clerk.

The Decatur County Clerk **WILL NOT** accept your motor vehicle filing without this form.



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 | |
| | | | | | | | | | | | | | |
| For assembled vehicles or watercraft include serial numbers for major component parts if present: | | | | | | | | | | | | | |
| Engine / Motor | | | | | | | Transmission | | | | | | |
| Body Chassis | | | | | | | Front Assembly | | | | | | |
| Rear Clip | | | | | | | Frame | | | | | | |
| Other (specify): | | | | | | | | | | | | | |
| *IDACS / NCIC Check (required if form is completed by a police officer) | | | | | | | | | | | | | |
| Date Check Performed (mm/dd/yyyy) | | | | | | Comments | | | | | | | |
| | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | |
| 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 | | | | | | | | |
| | | | | | | | | | | | | | |



REQUEST FOR MOTOR VEHICLE OR WATERCRAFT RECORDS

State Form 46449 (R9 / 8-11)

Approved by State Board of Accounts, 2011

Bureau of Motor Vehicles

The Indiana Bureau of Motor Vehicles (BMV) driver and vehicle records are open to the public, except those protected by law. Recipients of records must comply with the applicable state and federal privacy laws for usage, distribution and record keeping.

Many of the BMV public records are immediately available through a subscription to the online service at IN.gov. Your own records are also immediately available online at myBMV.com. Paper copies may be requested by completing this form.

Records will contain only the personal information submitted with the request unless otherwise authorized by law. "Personal information" means anything in the records that identifies a person, including: (1) name; (2) address; (3) driver's license or identification document number; (4) a photograph or computerized image; (5) Social Security number; (6) telephone number; or (7) medical or disability information.

STEP 1: Provide your information. The person submitting this form must provide the following information.

| | | |
|--|------------------|----------------|
| Name of person or business (<i>first name, middle name, last name</i>) | Telephone number | E-mail address |
|--|------------------|----------------|

| |
|--|
| Mailing address (<i>number and street, city, state and ZIP code</i>) |
|--|

| | |
|--|--|
| Last 4 digits of Social Security number (<i>This information is for security purposes only</i>) XXX-XX-_____ | Federal Identification Number if requestor is a business (<i>This information is for security purposes only</i>) _____-_____ |
|--|--|

STEP 2: Complete Section A or B for the type of record you want to obtain.

A: Motor vehicle registration or title record for the following vehicle.

| | | | |
|--------------|----------------------|-------------------------------|----------------------|
| Vehicle year | Vehicle plate number | Vehicle identification number | Vehicle title number |
|--------------|----------------------|-------------------------------|----------------------|

| |
|--|
| Name of registrant (<i>first name, middle name, last name</i>) |
|--|

| |
|--|
| Registrant's last address, if known (<i>number and street, city, state and ZIP code</i>) |
|--|

B: Watercraft record for the following vehicle.

| | | | |
|-----------------|-----------------|------------------|-------------------------|
| Watercraft year | Watercraft make | Watercraft model | Watercraft title number |
|-----------------|-----------------|------------------|-------------------------|

| |
|----------------------------|
| Hull identification number |
|----------------------------|

| | |
|--|-------------------------------|
| Name of registrant (<i>first name, middle name, last name</i>) | Motorboat registration number |
|--|-------------------------------|

| |
|-------------------------------------|
| Registrant's last address, if known |
|-------------------------------------|

STEP 3: Select the record you are requesting.

Certified Title Inquiry (\$4.00 fee) - This record contains information pertaining to the current owner and includes information regarding liens, vehicle make, model, year and VIN; odometer reading; and vehicle purchase date. *Please allow approximately 2-4 weeks to process this request.*

Certified Title History (\$8.00 fee) - This record contains information pertaining to all previous Indiana owners of the vehicle for the prior ten (10) years, or the prior five (5) years if no changes were made to the title during that prior five (5) year period. *Please allow approximately 2-4 weeks to process this request.*

Certified Registration Inquiry (\$4.00 fee) - (Check this box if you also need insurance information, which will be provided for no additional fee. However, gathering that information will delay completing the processing of your request.) This record contains information pertaining to the current Registrant and includes county and township of registration; registration fees and county tax paid; vehicle purchase date; vehicle make, model, year, VIN, type and color; and plate number with expiration date. *Please allow approximately 2-4 weeks to process this request.*

Certified Registration History (\$8.00 fee) - Contains the above information for the prior four (4) years. *Please allow approximately 2-4 weeks to process this request.*

STEP 4: If you are requesting **PERSONAL** information, indicate your qualification to receive the personal information. Please mark only one (1) category per form.

- I am requesting my records that contain my personal information.
- I am a legal guardian or have power of attorney for the person named in the requested records containing personal information. *Must provide a copy of the documents granting guardianship or power of attorney.*

For any of the **above** categories, please include your (the requestor's):

Indiana driver's license or identification card number _____ (Or a photocopy of an out-of-state driver's license)

Last four digits of Social Security number XXX-XX- _____

- I am a law enforcement officer requesting records containing personal information to use for investigation purposes.

Badge number: _____ Law enforcement agency: _____

Name and title of the agency's chief officer (e.g. John Smith, Sheriff):

- I am an attorney. Attorney number: _____
To obtain records containing additional personal information, an attorney must submit a Third Party Request for Records.

- I am an elected government official or a government employee requesting records that (*select one*)
 do or do not contain more personal information than what I am providing with this request.

Government position: _____ ; Government entity: _____ ;

Intended use of the records: _____

STEP 5: Fill in the amount of money owed, then sign and date. I swear or affirm under the penalties of perjury that all of the information on this form is true and accurate.

Total amount owed: _____

Signature

Date (month, day, year)

STEP 6: Mail this form and payment to: Indiana Bureau of Motor Vehicles, Attn: Vehicle Registration Requests OR Vehicle Title Requests, 100 N. Senate Ave., N412, Indianapolis, IN 46204.

The BMV will return a copy of your completed request as an acknowledgment that the BMV received your request, is reviewing it and will respond in writing to your request within a reasonable time. The acknowledgement will be returned within 24 hours if the form is submitted in person or seven days if sent to the BMV.

FOR BMV USE ONLY.

Name of BMV/C employee

Central office department

Date received (month, day, year)

Initial response date (month, day, year)