
Instructions for Filing Petition for Issuance of Title

This packet is provided to you as a service of the Marshall County Superior Court No. 2 and should be fully complied with in order to submit a meritorious request. Prior to the submission of the documents contained herein, please review them and affix the proper information in the specified blank spaces. If you should have any questions, it is always in your best interests to speak with a licensed attorney regarding this matter.

*****This procedure must be followed and all documents shall be filled out completely and LEGIBLE.*****

1. PETITION - *Verified Petition for an Order Mandating the Indiana Bureau of Motor Vehicles to Issue a Title*

The following documentary evidence must be completed and shall be ***physically*** attached to a Petition at the date and time of filing.

- a). Bill of Sale or other document showing ownership
 - i. An example of this form is in this packet
- b). Completed *Physical Inspection of a Vehicle or Watercraft* form
 - i. Indiana State Form 39530

2. ORDER - *Order to the Indiana Bureau of Motor Vehicles Mandating the Issuance of a Title*

- a). Fill form out with your information but DO NOT FILL OUT DATE AND SIGNATURE LINE OF JUDGE

3. Bring forms and supporting evidentiary attachments to the Marshall County Clerks Office to file forms

- a). The Clerk's office will provide you with an official cause number for the Petition and the Order
- b). Be sure to bring the appropriate monetary amount for the Filing Fee: **\$157.00**
CASH / MONEY ORDER / BANK CHECK / CREDIT CARD

4. A hearing will be scheduled consistent with the Marshall County Superior Court No. 2 calendar. It will be your responsibility to appear at the hearing to have your testimony heard and Order signed.

5. The Court may require the production of additional information not contemplated by this form depending on the individual circumstances of each petition.

Additional Notes:

- It is advisable that you make copies of all documents presented to the Court for your records.

THE SUBMISSION OF AN INCOMPLETE PETITION; WHETHER BY IMPROPER OR INSUFFICIENT INFORMATION OR BY INADEQUATE SUPPORTING EVIDENCE, MAY BE DENIED BY THE COURT.

STATE OF INDIANA)
):
COUNTY OF MARSHALL)

MARSHALL SUPERIOR COURT NO.2

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

CAUSE NO: 50D02-_____-_____-_____
Hearing on this matter has been set for the
____ day of _____, 20____
at 9:00am

**VERIFIED PETITION FOR AN ORDER MANDATING THE
INDIANA BUREAU OF MOTOR VEHICLES TO ISSUE A TITLE**

COMES NOW, the Petitioner, _____, requests the Court to issue an order to the Indiana Bureau of Motor Vehicles mandating the issuance of a certificate of title to the above-named petitioner for the following vehicle and in support of said request states as follows:

1. PETITIONER 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: _____ PAID: _____
Present Location of Vehicle: _____
Address

3. The name, address, and all other information known by the petitioner regarding the previous owner of the vehicle is stated as follow: _____

4. The facts and circumstances surrounding Petitioner's acquisition of possession of the vehicle is as follows: _____

5. To date, Petitioner has taken the following efforts to obtain a title for the vehicle; however, the efforts have been futile: _____

6. Attached hereto, as evidentiary support, are the following documents:

a. BILL OF SALE OR OTHER DOCUMENT SHOWING OWNERSHIP,

b. PHYSICAL INSPECTION OF A VEHICLE OR WATERCRAFT.

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

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

I AFFIRM UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE FOREGOING REPRESENTATIONS AND EVIDENTIAL DOCUMENTS FILED HEREWITH ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Dated this ____ day of _____, 20____.

Signature of Petitioner

Printed Name of Petitioner



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								

**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 <i>(If applicable, watercraft only)</i>					
SALE INFORMATION													
Purchase Price							Date of Sale (mm/dd/yyyy)						
Purchaser Name(s) <i>(last, first, middle initial or company name)</i>													
Address <i>(number and street)</i>													
City							State			ZIP Code			
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.													
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.													
Signature of Seller										Date (mm/dd/yyyy)			
Printed Seller Name <i>(last, first, middle initial or company name)</i>													
Signature of Seller										Date (mm/dd/yyyy)			
Printed Seller Name <i>(last, first, middle initial or company name)</i>													
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.													
Signature of Purchaser										Date (mm/dd/yyyy)			
Printed Purchaser Name <i>(last, first, middle initial or company name)</i>													
Signature of Purchaser										Date (mm/dd/yyyy)			
Printed Purchaser Name <i>(last, first, middle initial or company name)</i>													

STATE OF INDIANA)
)SS:
COUNTY OF MARSHALL)

IN THE MARSHALL SUPERIOR COURT NO. 2
CURRENT CALENDAR TERM

)
)
)
vs.)
)
)
_____)
)

CAUSE NO: 50D02-_____

APPEARANCE OF PRO SE LITIGANT – CIVIL

- 1. The party on whose behalf this form is being filed is the Responding Pro Se Litigant.**

- 2. Pro Se litigant information for service as required by Indiana Trial Rules.**

Name: _____

Address: _____

**Phone: _____
**(Cell phone preferred, please - land line is okay to use as well)

**Email Add: _____
**(Email address is required)

- 3. I will accept service from other parties by Regular U.S. Postal Service Mailing and / or e-mail at the above noted e-mail address.**

Signature - Defendant/Pro Se Litigant

For Court Use Only: APP -ProSe in Comments
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