

**INSTRUCTIONS FOR STATE FORMS REQUIRED TO OBTAIN
COURT ORDERED TITLE FROM THE INDIANA BUREAU OF
MOTOR VEHICLES**

FORMS REQUIRED TO FILE YOUR PETITION:

1. 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 MUST BE FILED WITH YOUR PETITION.

THE CLERK OF COURTS WILL NOT ACCEPT YOUR PETITION FOR A TITLE WITHOUT THIS FORM.

2. REQUEST FOR MOTOR VEHICLE REPORT – STATE FORM 53789

You must fill out State Form 53789 and mail the form along with the required \$4.00 fee for the Certified Vehicle/Watercraft Title Inquiry to:

**Indiana Bureau of Motor Vehicles
Attn: Records Request
100 N. Senate Ave.
Indianapolis, IN 46204**

You will receive your report from the Indiana BMV in approximately 2-4 weeks.

**THIS REPORT THAT YOU RECEIVE BACK FROM THE BMV
MUST BE FILED WITH YOUR PETITION.**

**THE CLERK OF COURTS WILL NOT ACCEPT YOUR PETITION
FOR A TITLE WITHOUT THIS REPORT.**



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 CERTIFIED RECORDS

State Form 53789 (R12/9-16)
 Approved by State Board of Accounts, 2017
 Bureau of Motor Vehicles

BUREAU OF MOTOR VEHICLES

Attn: Records Request
 100 N. Senate Ave., Rm N412
 Indianapolis, IN 46204

INSTRUCTIONS

- Complete in blue or black ink or type.
- Complete all five (5) steps when requesting records. If any of the steps are not completed, the request will be returned.
 - STEP 1 - Complete applicable information.
 - STEP 2 - Complete as many identifiers as possible
 - STEP 3 - Check **ONE** box unless requesting a juvenile history. Attach one form for each record requested.
 - STEP 4 - Indicate which exception authorizes you to receive protected information, as well as your intended use
 - STEP 5 - Calculate the total payment amount, sign and date the form
- Include payment with completed form, by money order, cashier's check, or business check. Individuals who have an INDIANA BMV record may write a personal check payable to the Bureau of Motor Vehicles
- Mail the completed form to the address indicated above.
- Please allow two (2) to four (4) weeks to process this request

The Indiana Bureau of Motor Vehicles (BMV) maintains driver, vehicle and other records available to the public unless protected by statute. Ind. Code § 5-14-3-1 et. seq. Certain information contained in a BMV record may not be disclosed except as authorized by Ind. Code. Recipients of BMV records containing personal or highly restricted personal information must follow state and federal privacy laws regarding document usage, distribution, and retention. Juvenile records cannot be disclosed unless a person is requesting his or her own records, or the records are requested by the minor's parent, legal guardian or financially responsible party. Many BMV public records are immediately available through subscription at IN.gov. Individuals can access their own driver and vehicle records online at myBMV.com.

STEP 1: Complete your information.											
Name of Person or Business (first name, middle name, last name)						Telephone Number			E-mail Address		
Mailing Address (number and street, city, state and ZIP code)											
Last 4 Digits of Social Security Number XXX-XX-_____				Last 4 Digits of I-94 Admission # if applicable XXXXXXX_____				Federal Identification Number of Business (Used for security purposes only.) _____			
STEP 2: Complete the information you are requesting. (Please include as many identifiers as possible.)											
Name of Driver (first name, middle name, last name)						Driver's License Number, if known					
Last 4 Digits of Driver's Social Security Number, if known xxx-xx-_____				Last 4 Digits of Record of Admission number (I-94), if applicable xxxxxxx_____				Driver's Date of Birth (mm/dd/yyyy), if known.			
Last Known Indiana Mailing Address (number and street, city, state and ZIP code)											
Vehicle/Watercraft Year		Vehicle/Watercraft Make			Vehicle/Watercraft Model			Title Number			
Vehicle/Watercraft Identification Number											
Name of Registrant (first name, middle name, last name)						Vehicle Plate or Watercraft Registration Number					
Registrant's Last Known Indiana Mailing Address (number and street, city, state and ZIP code)											
STEP 3: Check the type of record you are requesting.											
<input type="checkbox"/> Certified Driver Record (\$4.00 fee) <input type="checkbox"/> Certified Driver History (\$8.00 fee) (includes document copies of court order, conviction, citation, application, etc.) Documents requested: _____ <input type="checkbox"/> Proof of Insurance (Specify vehicle make and date of accident.) _____ <input checked="" type="checkbox"/> Certified Vehicle/Watercraft Title Inquiry (\$4.00 fee) - Information regarding CURRENT owner including any liens, year, make, model, and VIN/HIN, odometer reading and vehicle/watercraft purchase date. <input type="checkbox"/> Certified Vehicle/Watercraft Title History (\$8.00 fee) - Information regarding ALL previous Indiana vehicle owners for the past ten (10) years, or the previous five (5) years if no changes were made to the title during that five (5) year period. <input type="checkbox"/> Certified Vehicle/Watercraft Registration Inquiry (\$4.00 fee) - Information regarding CURRENT registrant, county and township of registration, registration fees and taxes paid, purchase date, year, make, model, VIN/HIN, insurance information, type, color and plate or watercraft registration number or license type with expiration date. <input type="checkbox"/> Certified Vehicle/Watercraft Registration History (\$4.00 fee) - Information regarding a PREVIOUS REGISTRATION within the last four (4) years.											

STEP 4: I am requesting records containing personal information for the intended use listed in the statutory exception below:

I am requesting my personal information. *(Include a copy of your photo identification.)*

I am a legal guardian or have power of attorney for the person whose record is requested. *(Authorizing guardianship or power-of-attorney documents and photo identification must be submitted with this form.)*

I am a law enforcement officer requesting: records or a photograph for an investigation (Ind. Code § 9-14-13-2).
 Badge number: _____ Law enforcement agency: _____
 Name and title of the agency's chief officer (e.g. John Smith, Sheriff) _____

I am requesting for use by a government agency in carrying out its functions (Ind. Code § 9-14-13-7(1)).
 Government entity: _____ Government function(s): _____

Matters concerning vehicle safety, emissions, recalls, performance, dealers, parts, market research, manufacturer record owner amendment, or fuel theft (Ind. Code § 9-14-13-6 or §9-14-13-7(2)).

In the normal course of business to verify information received (Ind. Code § 9-13-14-7(3)).

Pending litigation: civil, criminal, administrative, or arbitration proceeding (Ind. Code § 9-14-13-7(4)).

Research activities (Ind. Code § 9-14-13-7(5)).

Insurance claims investigations or underwriting (Ind. Code § 9-14-13-7(6)).

Notice to owners of towed or impounded vehicles (Ind. Code § 9-14-13-7(7)).

Licensed private investigative agency or security service (Ind. Code § 9-14-13-7(8)).

Employer or its agent to verify commercial driver's license information (Ind. Code § 9-14-13-7(9)).

Private Toll Operation (Ind. Code § 9-14-13-7(10)).

The BMV has obtained written consent of the subject and the information can be used for any purpose under Ind. Code § 9-14-13-7(11).

Surveys, marketing or solicitations and the BMV has obtained written consent of the subject (Ind. Code § 9-14-13-7(12)).

The person whose information I am seeking to use under Ind. Code § 9-14-13-7-(13) and -8 provides written consent below.
 _____ I consent to the release of my restricted information (defined above) to the requestor. (to be signed by record owner)

PRINTED NAME: _____ SIGNATURE: _____

STEP 5: Calculate the amount owed, sign and date form

Total amount owed: _____

I swear and affirm under the penalties for perjury the information on this form is true and accurate. I will limit disclosure of all information received to the permissible use authorized by the Ind. Code selected above and the Driver Privacy Protection Act (18 USC § 2721).

Printed name	Date (mm/dd/yyyy)
Signature: _____	

BMV USE ONLY: Records provided by (name) _____ on (mm/dd/yyyy) _____

**INSTRUCTIONS FOR FILING A PETITION FOR COURT ORDER
FOR MOTOR VEHICLE TITLE**

- 1. You must fill out the Petition completely.**
- 2. You must provide with your Petition the following before it will be accepted for filing:**
 - A. Bill of sale or other document showing ownership.**
 - B. Affidavit of Police Officer's Physical Inspection – State Form 39530 (a copy of which is included in this packet).**
 - C. Title Inquiry Report from the Indiana Bureau of Motor Vehicles – State Form 53789 must be filed with the BMV and the report returned to you to file with the Petition. (Form 53789 is included in this packet).**
- 3. You must also file and complete the Motion for Hearing.**
- 4. You must pay the filing fee to the Ohio Circuit Court Clerk or obtain a waiver of the filing fee from the Court.**
- 5. You must attend the hearing to obtain the Court order.**

STATE OF INDIANA)	IN THE OHIO CIRCUIT COURT
)	
COUNTY OF OHIO)	GENERAL TERM 201_____
)	
IN RE: THE MATTER OF A VEHICLE)	
TITLE REQUEST FOR:)	CAUSE NO.: 58C01-_____-MI-_____
_____)	
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's license number: _____

2. VEHICLE DESCRIPTION:

Year of Vehicle: _____
 Make of Vehicle: _____
 Model of Vehicle: _____
 Vehicle Identification Number (VIN): _____
 Color of Vehicle: _____
 Estimated value of Vehicle: _____
 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 of 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. **YOU MUST ATTACH THE FOLLOWING DOCUMENTS TO THIS PETITION:**

A. A BILL OF SALE OR OTHER DOCUMENTS SHOWING OWNERSHIP.

B. AFFIDAVIT OF POLICE OFFICER OF 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 AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Petitioner: _____

Name Printed: _____

Date: _____

STATE OF INDIANA)	IN THE OHIO CIRCUIT COURT
)	
COUNTY OF OHIO)	GENERAL TERM 201 ____
)	
IN RE: THE MATTER OF A VEHICLE)	
TITLE REQUEST FOR:)	CAUSE NO.: 58C01- ____-MI- ____
_____)	
YEAR)	
MAKE)	
_____)	
MODEL)	

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

The Petitioner having filed a Verified Request for an Order Requiring the Indiana Bureau of Motor Vehicles to Issue a Title and having filed with the petition a Bill of Sale or other document showing ownership, State Form 39530 and Title Inquiry Report from the Indiana BMV, the Petitioner now asks that this matter be set for hearing.

(Petitioner's Signature)

(Name Printed)

(Date)

ORDER SETTING HEARING

The Court now grants the Petitioner's Motion to Set a Hearing and sets the motion for hearing on the ____ day of _____, 2014 at _____ a.m./p.m.

SO ORDERED THIS ____ DAY OF _____, 2014.

KIMBERLY A. SCHMALTZ, MAGISTRATE
OHIO CIRCUIT COURT

Distribution: Petitioner

STATE OF INDIANA)	IN THE OHIO CIRCUIT COURT
)	
COUNTY OF OHIO)	GENERAL TERM 201____
)	
IN RE: THE MATTER OF A VEHICLE)	
TITLE REQUEST FOR:)	CAUSE NO.: 58C01-____-MI-____
_____)	
YEAR)	
MAKE)	
)	
_____)	
MODEL)	

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

The Petitioner having filed a Verified Request for an Order Requiring the Indiana Bureau of Motor Vehicles to Issue a Title and the Court having examined the same and having considered the testimony and evidence presented at a hearing held on the ____ day of _____, 201____, and being duly advised in the premises, now FINDS AND ORDERS AS FOLLOWS:

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

(Make) (Model)

which has a vehicle identification number (VIN) of: _____.

2. The Indiana Bureau of Motor Vehicles shall issue a title to _____
(Petitioner's Name printed)
for said motor vehicle.
3. Petitioner shall provide all information and complete all forms required by the Indiana Bureau of Motor Vehicles and pay any requisite fees for the issuance of a title.

SO RECOMMENDED THIS ____ DAY OF _____, 201____.

KIMBERLY A. SCHMALTZ, MAGISTRATE
OHIO CIRCUIT COURT

SO ORDERED THIS ____ DAY OF _____, 201____.

HON. JAMES D. HUMPHREY, JUDGE
OHIO CIRCUIT COURT

DISTRIBUTION: Petitioner