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**.

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3. Bring all completed forms back to the Clerk's Office and file forms.
Cost is $156.00 ****NO PERSONAL CHECKS ACCEPTED****

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

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

STATE OF INDIANA)
) SS:
COUNTY OF HARRISON)

HARRISON 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:

Petitoner's Full Name: _____

Petitoner'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:

_____

_____

_____

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

_____

_____

_____

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

_____

_____

_____

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

_____

_____

_____

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)

_____

_____

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

Date: _____ Signature _____

Printed _____

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

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 (*last, first, middle initial or company name*)	
Signature of Seller	Date (*mm/dd/yyyy*)
Printed Seller Name (*last, first, middle initial or company name*)	

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 (*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 ☐ **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		