

INSTRUCTIONS ON FILING AN APPLICATION FOR TITLE

- Use this form when you are requesting a court order for title from the Bureau of Motor Vehicles.
- You must complete the entire form except for case number and court date and time. The court will do this.
- You will need to contact Columbus City Police or Bartholomew County Sheriff Department to get a VIN check completed. A fee may be imposed for this service. You **must** attach the **VIN check form** to the *Application for Title*.
- You must also know the current mileage and color of the vehicle. The Judge will ask you about both of these things at your hearing.
- When the appropriate forms are completed, bring the forms and the filing fee to the Bartholomew County Clerk office. The clerk will initiate the claim and receipt the filing fee. You will then take the forms to the small claims office where you will be given a hearing date and time.
- The filing fee is **\$97.00** (service on one (1) defendant by certified mail). There is a **\$10.00** extra fee for each additional defendant.
- If you have any further questions, feel free to contact our office at 812-379-1620. Most questions can be answered by referring to the small claims manual and the frequently asked questions.

STATE OF INDIANA)
)SS
COUNTY OF BARTHOLOMEW) CAUSE NO. 03 D02 _____

Claimant: _____
Address _____
Telephone _____

Small Claims Division
Bartholomew Superior Court No 2
Courthouse 3rd Floor 234 Washington Street
Columbus, Indiana 47201
Telephone No. (812) 379-1610
Fax No. (812) 379-1575

vs

Defendants:
Name _____
Address _____

BUREAU OF MOTOR VEHICLES
Indiana Government Center North
100 North Senate Avenue
Indianapolis, IN 46204

APPLICATION FOR TITLE

1. I am at least eighteen (18) years old; and I am competent to make this Verified Petition for an Order to the Indiana Bureau of Motor Vehicles for the issuance of a Certificate of Title; and I respectfully request the Court to enter such an Order after reviewing the evidence set forth for a hearing scheduled on _____ at _____, 20____.
2. I am the legal owner of a vehicle described as follows:
Year: _____
Make: _____
Model: _____
VIN: _____
3. I acquired possession to the above vehicle on or about the _____ day of _____, 20____
I acquired ownership of the vehicle by _____.
4. A police agency has searched the vehicle records and found that the vehicle has not been reported stolen.
5. The original certificate of title has been destroyed or lost, and no duplicate certificate of title exists. The title is unavailable.
6. I understand fully all statements and representations in this Verified Petition.

I AFFIRM UNDER THE PENALTIES OF PERJURY, A CRIMINAL OFFENSE PUNISHABLE BY IMPRISONMENT AND THE PAYMENT OF FINES AND COSTS, THAT THE FOREGOING FACTS AND STATEMENTS ARE TRUE AND ACCURATE.

Date

Signature

STATE OF INDIANA

SS: IN THE BARTHOLOMEW SUPERIOR COURT NO 2

COUNTY OF BARTHOLOMEW

CASE NO: 03D02-_____

Claimant(s)

vs

Defendant(s)

INDIVIDUAL APPEARANCE

This Appearance Form must be filed on behalf of every party in a civil case.

1. My Name is _____ and I am

Initiating (filing) _____

Responding (answering or defending) _____

Intervening _____

*If you are the Claimant check
Initiating; If you are Defendant
check Responding.*

in this case and am representing myself.

2. Contact information for receiving legal service of documents and case information is required by Court Rules:
(NOTE: *If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner*)

THIS INFORMATION IS REQUIRED:

Address: _____

Email Address: _____

Phone: _____

OR, if in the related case, you have used the Attorney General Confidential address, you may check
_____ Attorney General confidential address (contact the Attorney General 1-800-321-1907 or email address
is confidential@atg.state.in.us)

3. This is a _____ case type as defined in administrative Rule 8(B)(3).
(Clerk will supply this information).

4. I will accept service by FAX at the following number _____

Signature - Self-Represented Party

STATE OF INDIANA

SS: IN THE BARTHOLOMEW SUPERIOR COURT NO 2

COUNTY OF BARTHOLOMEW

CASE NO: 03D02-_____

Claimant(s)

vs

Defendant(s)

**APPEARANCE FOR SOLE PROPRIETORSHIP, PARTNERSHIP, CORPORATION, LLC,
LLP, OR OTHER BUSINESS ORGANIZATION**

This Appearance Form must be filed on behalf of every party in a civil case.

1. Organization or Business Name _____.

My name is _____ and I am the designated representative

{See, Small Claims rule 8 (c)(2) and (3)} for _____ and we are the:

Initiating (filing) _____	<i>If you are the Claimant check</i>
Responding (answering or defending) _____	<i>Initiating; If you are Defendant</i>
Intervening _____	<i>check Responding.</i>

2. Contact information for receiving legal service of documents and case information is required by Court Rules: (NOTE: *If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner*)

THIS INFORMATION IS REQUIRED:

Address: _____

Email Address: _____

Phone: _____

OR, if in the related case, you have used the Attorney General Confidential address, you may check _____ Attorney General confidential address (contact the Attorney General 1-800-321-1907 or email address is confidential@atg.state.in.us)

3. This is a _____ case type as defined in administrative Rule 8(B)(3).
(Clerk will supply this information).

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Signature - Self-Represented Party