

INSTRUCTIONS FOR SPECIALIZED DRIVING PRIVILEGES

1. GET COPY OF DRIVING RECORD FROM BMV
2. FILL OUT PETITION
3. ONE SUMMONS ADDRESSED TO THE PROSECUTORS OFFICE AND ONE TO THE BMV IN INDIANAPOLIS
4. FILL OUT APPEARANCE FORM
5. FILL OUT YOUR NAME ON NOTICE OF HEARING

ONCE YOUR FORMS ARE ALL FILLED OUT TAKE YOUR ORIGINAL AND MAKE THREE MORE COPIES. BRING THE FOUR COPIES BACK TO THE CLERKS OFFICE ALONG WITH THE FILING FEE OF \$167.00 (CASH OR MONEY ORDER)

DeKalb Co Prosecutor address: 100 S Main Auburn In 46706

BMV: BMV Records Management Division
100 N Senate Ave IGCN RM N413
Indianapolis In 46204

STATE OF INDIANA)
) SS
COUNTY OF)

IN THE _____ COURT

CAUSE NO. _____

Petitioner)
VS)
)
)
INDIANA BUREAU OF MOTOR VEHICLES)
Respondent)

VERIFIED PETITION FOR SPECIALIZED DRIVING PRIVILEGES
(I.C. 9-30-16)

Petitioner, under the penalties of perjury, swears or affirms that:

- 1 My name is _____.
- 2 My birthdate is _____ and I'm currently _____ yrs old.
- 3 I have an Indiana drivers license and the number is _____.
- 4 I currently reside at _____
_____ (zip code) _____
- 5 I'm employed by _____
- 6 My employers address is _____
_____ (zip code) _____
- 7 My employment does (or does not) involve driving as part of my job.
- 8 My driving privileges are currently suspended because

- 9 Since January 1, 2015, I have not refused to submit to a breathalyzer or
Blood test under I.C. 9-30-6.
- 10 Since January 1, 2015 I have not been convicted of violating the terms of an
Order for specialized driving privileges pursuant to I.C. 9-30-16-5.

WHEREFORE, Petitioner respectfully requests the Court to issue an Order for specialized driving privileges pursuant to I.C. 9-30-16-3 and for all other just and proper relief in the premise.

Signature of Petitioner

IN THE _____ COURT

(Caption)

)
) Case Number:
) (To be supplied by Clerk when case is filed.)

APPEARANCE BY ATTORNEY IN CIVIL CASE

Party Classification: Initiating _____ Responding _____ Intervening _____

1. The undersigned attorney and all attorneys listed on this form now appear in this case for the following party members: _____

2. Applicable attorney information for service as required by Trial Rule 5(B)(2) and for case information as required by Trial Rules 3.1 and 77(B) is as follows:

Name: _____ Atty Number: _____
Address: _____ Phone: _____
_____ FAX: _____
_____ Email Address: _____

[List on continuation page the additional attorneys appearing for above party member(s).]

3. There are other party members: Yes _____ No _____ (If yes, list on continuation page.)

4. If first initiating party filing this case, the Clerk is requested to assign this case the following Case Type under Administrative Rule 8(b)(3): _____

5. I will accept service by FAX at the above noted number: Yes _____ No _____

6. This case involves support issues. Yes _____ No _____ (If yes, supply social security numbers for all family members on a separately attached page using **light green paper**. See form below.)

7. There are related cases: Yes _____ No _____ (If yes, list on continuation page.)

8. This form has been served on all other parties and Certificate of Service is attached:
Yes _____ No _____

9. Additional information required by local rule: _____

Attorney-at-Law
(Attorney information shown above.)

) SS:

CAUSE NO.

VS.

.....

NOTICE OF HEARING

_____ day of _____ 20____

SO ORDERED this 11 day of

Judge of DeKalb Circuit/Superior Court

**DEKALB CIRCUIT/SUPERIOR COURT
AUBURN, INDIANA**

No. _____

PLAINTIFF[S]

DEFENDANT[S]

VS.

SUMMONS

TO: (Name and address of Defendant[s])

You have been sued by the person[s] named above as "Plaintiff[s]," in the Circuit/Superior Court of DEKALB County, Indiana. The nature of the suit against you is stated in the complaint which is attached to this summons. The complaint also states the demand which the Plaintiff[s] has/have made against you.

A written answer or response to the complaint must be made by you or your attorney, within twenty-three [23] days, commencing the day after you receive this summons, or judgment by default will be entered against you for what the Plaintiff[s] has/have demanded in the complaint.

Date: _____

Clerk, DeKalb Circuit/Superior Court

Attorney for Plaintiff

(SEAL)

Address

Telephone No.

PRAECIPE

Plaintiff[s] request[s] that summons be served upon the Defendant _____

by Method Number _____ listed below:

- METHOD NUMBER 1. By the Clerk sending a copy of the summons and complaint by registered or certified mail, return receipt requested, to said Defendant[s] at the residence address[es] set forth in the above summons.
- METHOD NUMBER 2. By the Clerk sending a copy of the summons and complaint by registered or certified mail, return receipt requested, to said Defendant[s] at his/her place of business or employment, at the address of which is

- _____
METHOD NUMBER 3. By the Sheriff of _____ County, Indiana:
- (a) By delivering a copy of the summons and complaint to said Defendant[s] personally, or
 - (b) By leaving a copy of the summons and complaint at said Defendant's[s'] dwelling house or usual place of abode with some person of suitable age and discretion residing therein, AND by mailing a copy of the summons by first class mail to the last known address of said Defendant[s].

METHOD NUMBER 4. (Designate accurately)

Dated: _____

Attorney for Plaintiff

**DEKALB CIRCUIT/SUPERIOR COURT
AUBURN, INDIANA**

No. _____

PLAINTIFF[S]

DEFENDANT[S]

VS.

SUMMONS

TO: (Name and address of Defendant[s])

You have been sued by the person[s] named above as "Plaintiff[s]," in the Circuit/Superior Court of DEKALB County, Indiana. The nature of the suit against you is stated in the complaint which is attached to this summons. The complaint also states the demand which the Plaintiff[s] has/have made against you.

A written answer or response to the complaint must be made by you or your attorney, within twenty-three [23] days, commencing the day after you receive this summons, or judgment by default will be entered against you for what the Plaintiff[s] has/have demanded in the complaint.

Date: _____

Clerk, DeKalb Circuit/Superior Court

Attorney for Plaintiff

(SEAL)

Address

Telephone No.

PRAECIPE

Plaintiff[s] request[s] that summons be served upon the Defendant _____

by Method Number _____ listed below:

- METHOD NUMBER 1. By the Clerk sending a copy of the summons and complaint by registered or certified mail, return receipt requested, to said Defendant[s] at the residence address[es] set forth in the above summons.
- METHOD NUMBER 2. By the Clerk sending a copy of the summons and complaint by registered or certified mail, return receipt requested, to said Defendant[s] at his/her place of business or employment, at the address of which is

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METHOD NUMBER 3. By the Sheriff of _____ County, Indiana:
- (a) By delivering a copy of the summons and complaint to said Defendant[s] personally, or
 - (b) By leaving a copy of the summons and complaint at said Defendant's[s'] dwelling house or usual place of abode with some person of suitable age and discretion residing therein, AND by mailing a copy of the summons by first class mail to the last known address of said Defendant[s].

METHOD NUMBER 4. (Designate accurately)

Dated: _____

Attorney for Plaintiff