

SMALL CLAIMS
LOST OR STOLEN TITLE

NAME
STREET ADDRESS / MAILING ADDRESS
CITY STATE ZIP
E-MAIL ADDRESS / TELEPHONE PLAINTIFF

STATE OF INDIANA
COUNTY OF WARREN

CAUSE NO: 86C01- -SC-

VS

BMV – TITLE DIVISION
NAME
100 N. SENATE AVENUE
STREET ADDRESS / MAILING ADDRESS
INDIANAPOLIS, IN 46204
CITY STATE ZIP DEFENDANT

CO-DEFENDANT(S)

NAME
STREET ADDRESS / MAILING ADDRESS
CITY STATE ZIP
E-MAIL ADDRESS / TELEPHONE

NAME
STREET ADDRESS / MAILING ADDRESS
CITY STATE ZIP
E-MAIL ADDRESS / TELEPHONE

STATEMENT OF CLAIM

Requesting a Court Ordered Title from the BMV

DATE _____

Plaintiff's Signature

NOTICE

Defendant(s) summoned and ordered to appear in the courtroom of the Warren Circuit Court, Williamsport, Indiana, at _____ o'clock _____ M. on the _____ day of _____, 20____. Service of this notice on Defendant(s) shall constitute notice of the time and place of hearing herein. Dated this _____ day of _____, 20____.

Clerk of the Warren Circuit Court

By: _____
Deputy

The parties may appear either in person or by an attorney.
The defendant(s) should bring to the hearing all documents in possession or control concerning the claim.
If the defendant(s) does not wish to dispute the claim he or she may appear for the purpose of allowing the Court to establish the method of payment.
The defendant(s) may contact the Warren Circuit Court, 125 N. Monroe St. Ste. 5, Williamsport, IN 47993, Telephone: 765-762-3604 if he or she is unable to appear at the time or place designated in this notice.
~~A default judgment may be entered against the defendant(s) if he or she fails to appear.~~
If wishing a jury trial, request must be made within ten (10) days after receipt of the Notice of Claim.
For instructions and information contact the Warren County Clerk, Small Claims Division Telephone: 765-762-7225.



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								