Reset Form

Mail, fax or email completed form to:
Indiana Bureau of Motor Vehicles, Hearing Dept.
100 North Senate, Room N404
Indianapolis, Indiana 46204
Fax: 317-233-3135
bmvhearings@bmv.in.gov
Telephone: 317-232-1958

APPEARANCE BY ATTORNEY

State Form 55645 (R / 7-15)
INDIANA BUREAU OF MOTOR VEHICLES

FOR INTERNAL USE ONLY

STATE OF INDIANA)
)
COUNTY OF MARION)

SS:

BEFORE THE STATE OF INDIANA
BUREAU OF MOTOR VEHICLES

IN THE MATTER OF: **)**
)
_____)

Case Number:

Case Type:

Classification: **Attorney for Customer**

The undersigned attorney now appears in this case for the following:

BMV Customer Name *(last, first, middle initial)*
Driver's License Number *(if available)*

Enter applicable attorney information for service as required:

Attorney Name
Attorney Number
Mailing Address *(number and street, city, state, and ZIP code)*
Email Address
Telephone Number
Fax Number, if service by fax accepted

List related cases or additional information required by state or local rules:

Respectfully submitted:

_____
Signature of Attorney

_____
Date *(month, day, year)*