Reset Form

CERTIFICATION OF INDIANA ABSTRACT OF COURT RECORD

State Form 53124 (R4 / 1-10) / SR16

Uniform Traffic Ticket Number

Select one (1) of the following:

- ☐ Ticket Substitute/Abstract of Judgment
- ☐ Failure to Appear (FTA)
- ☐ Failure to Pay (FTP) ☐ Payment
- ☐ Reopened and Disposed
- ☐ Amendment to an Existing Abstract of Judgment

Driver's License Number	License State	License Type	Individual Cited ☐ Driver ☐ Passenger
Name (*First, Middle Initial, Last*)	Date of Birth *(mm/dd/yyyy)*	Race	Gender ☐ Male ☐ Female
Address (*Number and Street*)	City	State	Zip Code

Plate Number	Vehicle Year	Vehicle Make	Vehicle Color	Vehicle Type ☐ Commercial ☐ Passenger	Hazardous Material ☐ Yes ☐ No	Accident ☐ Yes ☐ No	Fatality ☐ Yes ☐ No

Offense Date *(mm/dd/yyyy)*	Offense Time ☐ a.m. ☐ p.m.	Probable Cause Control Number	Chemical Test Results, if applicable: Refused ☐ Failed ☐ Drugs ☐

Original Offense *(Description)*	Vehicle Speed / Posted Speed /	Indiana Code Cite for Original Offense	ACD *(BMV Use Only)*
Amended Offense *(Description)*	Vehicle Speed / Posted Speed /	Indiana Code Cite for Amended Offense	ACD *(BMV Use Only)*

Court Name	Court Code and Assigned Case Number	Court Disposition Date *(mm/dd/yyyy)*	☐ Alternative misdemeanor granted pursuant to Indiana Code 35-50-3-1

Court Finding	G = Guilty D = Dismissed P = Nolle Prosecui T = Deferred* (Must cite statutory authority: I.C. _____) *CDL holders are ineligible for deferred judgments and diversions.	N = Not Guilty A = Vacated	Based on: ☐ Trial ☐ Admission ☐ Nolo Contendere	Payment Date *(mm/dd/yyyy)*

Suspension of Driving Privileges: _____Days _____Years

Check one, if applicable:

- ☐ Delete Probable Cause Refusal
- ☐ Terminate Probable Cause Refusal
- ☐ Delete Probable Cause Failure

Effective Date of OVWI Suspension:

- ☐ Consecutive to the refusal suspension;
- ☐ Consecutive to the refusal termination date;
- ☐ Backdate to the start of the pre-conviction non-refusal suspension; or
- ☐ Start on future date: _____ *(mm/dd/yyyy)*

Probationary license for _____ days is authorized*; Order of conditional probation (SR17) attached.

*Commercial driver's license (CDL) holders are ineligible for probationary driving privileges for their CDL pursuant to Indiana Code 9-30-5-9.5

If the court grants a probationary license, enter the length of the OVWI suspension time that the court stayed pursuant to Indiana Code 9-30-5-12:

_____ Days _____ Years

Signature of Court Representative	Title	Date *(mm/dd/yyyy)*

This abstract is a certification of record to the Commissioner of the Indiana Bureau of Motor Vehicles as prescribed by Indiana law.