



# REPORT OF JUDGMENT AGAINST OWNER / OPERATOR OF MOTOR VEHICLE (SR 33)

State Form 50293 (R3 / 5-24)  
INDIANA BUREAU OF MOTOR VEHICLES

**BUREAU OF MOTOR VEHICLES**  
100 North Senate Avenue  
Room N413  
Indianapolis, IN 46204  
Fax: (317) 233-5153

The legal authority for this form is IC 9-25-6-6 and IC 9-25-6-4.

- INSTRUCTIONS:**
1. Please complete in blue or black ink or print completed form.
  2. Mail or fax this form and a copy of the file-stamped Order/Judgment signed by the Judge to the address above, as required below for the action requested.
  3. If this form is being completed by the Plaintiff or Defendant, the form must be notarized. If the Plaintiff's or Defendant's attorney is completing this form, the form must be notarized unless the attorney includes a separate, signed written statement on letterhead.

Court Name	Case Number	County	Date of Judgment (mm/dd/yyyy)
Defendant's Name (Last, First, Middle Initial)	Defendant's Date of Birth (mm/dd/yyyy)	Defendant's Driver's License Number (DLN)	
Defendant's Address (number and street)	City	State	ZIP Code
Plaintiff's Name (Last, First, Middle Initial or company name)	Amount of Judgment \$	Date of Accident (mm/dd/yyyy)	

Please select one (1) of the following, as applicable:

1. I am the Plaintiff/Plaintiff's attorney in the above case and have obtained a judgment in excess of \$200 against the named Defendant. **I am requesting the Defendant's driving privileges be suspended** pursuant to Indiana Code 9-25-6-4 because the Defendant has failed for a period of ninety (90) days to satisfy the judgment. (Submit a signed, file-stamped copy of the initial judgment entered by the Court.)
2. I am the Plaintiff/Plaintiff's attorney in the above case and **consent that the Defendant be allowed his/her driving privileges** pursuant to Indiana Code 9-25-6-6.
3. I am the (check one)  Plaintiff/Plaintiff's attorney or the  Defendant/Defendant's attorney in the above case and the Defendant has entered into a payment arrangement with the Plaintiff, as permitted by a court order. **I am requesting that the Defendant's driving privileges be reinstated pursuant to Indiana Code 9-25-6-6.** (Submit a signed copy of the court order providing for payment in installments.)
4. I am the Plaintiff/Plaintiff's attorney in the above case and am notifying the BMV that the named Defendant has failed to pay an installment towards the judgment obtained in the above case. **I am requesting the Defendant's driving privileges be suspended** pursuant to Indiana Code 9-25-6-6(c). (Submit a signed copy of the court order providing for payment in installments.)
5. **The court recommends reinstatement of the driving privileges** of the Defendant, as an order was entered permitting payment of the judgment in installments. (Submit a signed copy of the order.)
6. **The court recommends suspension of the driving privileges** of the Defendant for failure to either satisfy the judgment or to make installment payments to Plaintiff pursuant to court order. (Submit a signed copy of the initial judgment or order providing for payment in installments, whichever is applicable.)

I swear or affirm that the information I have entered on this form is true and correct and any documents submitted with this form are true and accurate copies. I understand that making a false statement may constitute the crime of perjury.

Printed Name of Plaintiff/Defendant/Attorney	Attorney Number	Signature of Plaintiff/Defendant/Attorney	Date (mm/dd/yyyy)
Plaintiff/Defendant/Attorney's Address (number and street)	City	State	ZIP Code

The fields below are required to be completed only if a court is recommending suspension or reinstatement of driving privileges, as indicated by options 5 or 6 above.

Printed Name of Court Official	Title	Signature of Court Official	Date (mm/dd/yyyy)
Court Name	City	State	ZIP Code

### Notary Certificate

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Sworn to before me, a Notary Public, in and for said County, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Notary Public	Printed or Typed Name of Notary Public	Date Commission Expires (mm/dd/yyyy)
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