

**INSTRUCTIONS FOR OBTAINING COURT ORDERED
MOTOR VEHICLE CERTIFICATE OF TITLE**

RECORD CHECK THROUGH THE SANDUSKY COUNTY TITLE DEPARTMENT:

The applicant must first request a record check from the Sandusky County Title Dept. This will determine if there is an active title or record of title in Ohio. It will also assist in determining open liens. PLEASE RECOGNIZE THAT THERE CAN BE NO ASSURANCE THAT A COURT ORDER DIRECTING ISSUANCE OF A MOTOR VEHICLE CERTIFICATE OF TITLE WILL BE GRANTED.

REQUEST HELP FROM THE OHIO BUREAU OF MOTOR VEHICLES (BMV):

Request the last known address of the vehicle owner by submitting BMV 1173 form to the BMV. Fee is \$5.00. (Form can be accessed at www.bmv.ohio.gov). Allow 15 days for processing. Results will be mailed to you on a BMV 2433 form. Please retain this form to include with your petition to the court. (fill out only the marked areas on the sample and be sure to sign it on the second page)

NOTICE TO OWNER BY CERTIFIED MAIL:

Mail a certified letter (with return receipt requested) to the current owner and lienholder apprising them of your intention to petition the court for a Certificate of Title. Allow 15 days for parties to respond. Please retain copies of letters and return mail receipts to include with your petition to the court. If parties do not respond or refuse to assist, the applicant may proceed with the court process.

PROCESS FOR OBTAINING A COURT ORDER

After exhausting the methods outlined above, the applicant may then proceed to obtain a court order by appearing before a judge of the Court of Common Pleas of Sandusky County, Ohio. The applicant must present a request for a Certificate of Title and surrender the following:

- copies of the record search reports you obtained from the title office and the BMV;
- copy of letter along with the return receipt postcard that was mailed to the former owner (if applicable);
- Out of State Inspection/ VIN verification (BMV form 3706);
- Affidavit with statement of facts, and Petition, all properly filled out, requesting a court ordered title;
- Copies of any additional documentation or evidence you believe necessary to support your claim, including, for example: any receipts, bill of sale, or cancelled check as evidence of your performance as purchaser in connection with incomplete transaction that was not the result of your own failure to perform, and/or sworn statements of other persons familiar with the circumstances surrounding your possession of the vehicle.

COURT COSTS ARE THE RESPONSIBILITY OF THE APPLICANT AND THE FEE WILL BE REQUIRED UPON FILING OF THE APPLICATION IN THE SANDUSKY COUNTY COURT OF COMMON PLEAS, 100 N. PARK AVE, SUITE 320, FREMONT, OHIO.

STATE OF OHIO
COUNTY OF SANDUSKY

AFFIDAVIT

PETITIONER

Now comes the Petitioner, as stated above, in the State of Ohio, County of Sandusky, being duly sworn, deposes and says that:

(statement of facts of how you obtained the vehicle, motorcycle, or watercraft)

(additional paperwork may be submitted as needed for statement of facts).

Witness whereof he/she has hereto set his hand and seal.

Petitioner's signature

Address

City, State,, Zip

Phone

I, _____, a Notary Public of the County and State aforesaid, hereby certify that _____, personally known to me to be the affiant in the foregoing affidavit, personally appeared before me this day and having been by me duly sworn deposes and says that the fact set forth in the above affidavit are true and correct.

Witness my hand and official seal this _____ day of _____, 20_____.

My Commission Expires: _____/_____/_____.

Notary Public

(Seal)

IN THE COURT OF COMMON PLEAS
SANDUSKY COUNTY, OHIO

RE: OHIO CERTIFICATE OF TITLE

PETITION AND ORDER
FOR OHIO CERTIFICATE OF TITLE

PETITIONER

Now comes the Petitioner, as stated above, and requests that the Court review the attached affidavit and supportive documents and find in favor of Petitioner to grant an order directing the Sandusky County Clerk of Courts Title Department to issue an Ohio Certificate of Title for the following:

(year, make, model, and VIN number of vehicle/vessel/motorcycle)

Petitioner's signature

Address

City, State, Zip

Phone

ORDER

Upon Petition and Affidavit submitted herewith by the Petitioner and the statements in support of said Petition;
The Court hereby orders the Sandusky County Clerk of Courts Title Department to issue an Ohio Certificate of Title

To _____,

The Petitioner, for the above named vehicle/vessel/motorcycle and that a certified copy of this order shall enable the Petitioner to obtain said title.

IT IS SO ORDERED

Judge's signature



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

OBMV RECORD REQUEST

(Ohio Revised Code [R.C.] 4501.15, 4501.27, AND 4507.53)

This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under R.C. 4501.27. Disclosure of this information is **REQUIRED**. **FAILURE** to provide any information will result in this form not being processed.

▶ **This request is being made by (check one):**

- An individual inquiring regarding himself or herself:** (Complete **Part A**) If inquiring in person for information on yourself, you must provide personal information regarding yourself, or prove your identity by presenting your driver license or identification card.
- An individual inquiring regarding another person:** (Complete **Parts A and B**) If inquiring regarding another individual, you must attach a notarized BMV Form 5008 giving the written consent of the person. All mail requests without the BMV Form 5008 attached will be returned to the requester.
- Other:** (Check applicable reason for request on **Part C**, and complete **Parts A and B**)

▶ **I am requesting the following personal information contained in the Bureau of Motor Vehicles records:**

<input type="checkbox"/> Driving Record [302] (\$5.00)	<input type="checkbox"/> Copy of Title Record (\$5.00)
<input type="checkbox"/> Last Known Address [405] (Mail in Only) (\$5.00)	<input type="checkbox"/> Vehicle Registration Record [303] (\$5.00)
<input type="checkbox"/> Cosigner w / Date of Loss-_____ [405] (Mail in Only) (\$5.00)	
<input type="checkbox"/> Copy of Driver License Application [405A] (\$5.00)	

PART A: Please provide current information regarding yourself:		↓ NOTE: SIGNATURE REQUIRED ↓	
YOUR NAME (REQUESTER)	DATE OF BIRTH	SIGNATURE X	DATE
COMPANY NAME (IF APPLICABLE)		BMV ACCOUNT # (IF APPLICABLE)	
CURRENT STREET ADDRESS	CITY	STATE	ZIP
TELEPHONE # / FAX #	**EMAIL ADDRESS (PLEASE PRINT LEGIBLY)		
*SOCIAL SECURITY # (OPTIONAL)	DRIVER LICENSE # (IF APPLICABLE)	LICENSE PLATE # (IF APPLICABLE)	
VEHICLE IDENTIFICATION # (IF APPLICABLE)	TITLE # (IF APPLICABLE)		

PART B: Request regarding other person(s):			
PERSON'S NAME			DATE OF BIRTH
STREET ADDRESS		CITY	STATE ZIP
*SOCIAL SECURITY # (OPTIONAL)		DRIVER LICENSE #	LICENSE PLATE #
VEHICLE IDENTIFICATION #		TITLE #	

If requesting information on more than 1 person or vehicle, attach additional sheet(s): Additional sheet(s) attached

Make check or money order payable to **Ohio Treasurer of State**. If mailing, return to: **Ohio Bureau of Motor Vehicles, Attn: BMV Records, P.O. Box 16520, Columbus, Ohio 43216-6520. Results will be sent to requester.**

* **It is not necessary that you provide a Social Security #. However, in order to best assist you with your request, please provide the Ohio BMV with as many identifiers as possible.**

** If you would like the BMV to email your record request: Email my record request (Include valid email address above)
Please Note – Due to security concerns, if the email address you provided is invalid, the record(s) will be mailed to the requestor's address listed in Part A.

Part C: I (requester) qualify as checked below, and I am requesting:

1. As an **individual**. (Complete **Part A**, front)
2. _____ A record for use in the normal course of business by me as a **legitimate business** or an agent, employee, or contractor of a legitimate business, for one of the two following purposes: (a) to verify the accuracy of personal information submitted to the business, agent, employee, or contractor by an individual; (b) in case personal information submitted to the business, agent, employee, or contractor by an individual is incorrect or no longer is correct, to obtain the correct information, for the sole purpose of preventing fraud, by pursuing legal remedies against, or recovering on a debt or security interest against, the individual.
My tax identification number is: _____
My vendor number is: _____
My professional license number is: _____
Licensed by (agency): _____
3. With **written consent**. (Complete **Parts A and B**, front).
4. _____ Records for bulk distribution for surveys, marketing, or solicitations, where the information will be used, rented, or sold solely for bulk distribution for surveys, marketing, or solicitations;
5. _____ A record for the use of a **government agency**, including, but not limited to, a court or law enforcement agency, in carrying out its functions, or for the use of a private person or entity acting on behalf of an agency of this state, another state, the United States, or a political subdivision of this state or another state in carrying out its functions (**a law enforcement agency does not need to fill out this form**);
6. _____ A record for use in connection with matters **regarding motor vehicle or driver safety and theft**; motor vehicle emissions; motor vehicle product alterations, **recalls**, or advisories; performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, including, but not limited to, survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers. **Please provide relevant documentation supporting your request.**;
7. _____ A record for use in connection with a civil, criminal, administrative, or arbitral **proceeding in a court or agency** of this state, another state, the United States, or a political subdivision of this state or before a self-regulatory body, including, but not limited to, use in connection with the service of process, investigation in anticipation of litigation, or the execution or enforcement of a judgment or order (a subpoena or other court order may be used instead of this form). **Please provide the court and case number, or if the case has not yet been filed, the court you anticipate to file in _____**;
8. _____ A record pursuant to an **order of a court** of this state, another state, the United States, or a political subdivision of this state or another state (a subpoena or other court order may be used instead of this form). **Please attach a certified copy of the court order.**
9. _____ Records for use in **research activities** or in producing statistical reports, where the personal information will not be published, redisclosed, or used to contact an individual. **Please provide a detailed description of your research activities and identify the business, educational institution, or other entity for which you are doing the research;**
10. _____ Records for use by an **insurer**, insurance support organization, or self-insured entity, or by an agent, employee, or contractor of that type of entity, in connection with a claims investigation activity, anti-fraud activity, rating, or underwriting. **Please provide your Tax Identification, Vendor, or Professional license number along with the name of the licensing agency:** _____;
11. _____ A record for use in providing notice to the owner of a **towed**, impounded, immobilized, or forfeited vehicle. **Please provide your Tax Identification, Vendor, or Professional license number along with the name of the licensing agency:** _____;
12. _____ A record for use by a licensed **private investigative agency** or licensed security service for any purpose permitted under numbers 1 through 15 of this form; **my agency license number is:** _____;
13. _____ A record for use by an **employer** or by the agent or insurer of an employer to obtain or verify information relating to the holder of a **commercial driver license** or permit that is required under the "Commercial Motor Vehicle Safety Act of 1986", 100 Stat. 3207-170, 49 U.S.C. 2701, et seq., as now or hereafter amended. **If available, a minimum of 10 years of information and any medical card information will be provided. Please provide your Tax Identification, Vendor, or Professional license number along with the name of the licensing agency:** _____;
14. _____ A record for use in connection with the operation of a **private toll transportation facility**;
15. _____ A record for any other use **specifically authorized by law** that is related to the operation of a motor vehicle or to **public safety**. **Please provide a copy of the relevant statute.**
16. _____ A record in order to carry out the purposes of either the "Automobile Information Disclosure Act", 72 Stat. 325, 15 U.S.C. 1231-1233, the "Motor Vehicle Information and Cost Saving Act", 86 Stat. 947, 15 U.S.C. 1901, et seq., the "**National Traffic and Motor Vehicle Safety Act of 1986**" 80 Stat. 718, 15 U.S.C. 1381, et seq., the "Anti-Car Theft Act of 1992", 106 Stat 3384, 15 U.S.C. 2021, et seq., or the "Clean Air Act", 69 Stat. 322, 42 U.S.C. 7401, et seq., all as now or hereafter amended, for use in connection with one or more of the following matters: (a) motor vehicle or driver safety and theft; (b) motor vehicle emissions; (c) motor vehicle product alterations, recalls, or advisories; (d) performance monitoring of motor vehicles and dealers by motor vehicle manufacturers; (e) removal of non-owner records from the original owner records of motor vehicle manufacturers. **Please provide relevant documentation supporting your request.**

I understand that if I receive personal information under numbers 2, 3, or 5-16 of this form, I may **resell or disclose** the personal information only for uses permitted under numbers 2, 3, or 5-16. I understand that if I receive personal information under number 2-16 of this form, and I **resell or redisclose** any personal information, I must keep for a period of five years a record that identifies each person or entity that receives any of the personal information and the permitted purpose for which the information is to be used, and I must make all such records available to the Registrar of Motor Vehicles upon request.

I hereby certify that all of the information contained on this form is true and accurate to the best of my knowledge and belief. I understand that providing false information may constitute a criminal offense of falsification with a maximum penalty of 6 months in jail and a \$1000 fine.

SIGNATURE X	DATE
-----------------------	------