



**MINNESOTA
JUDICIAL BRANCH**
FIFTH JUDICIAL DISTRICT

Application for Ignition Interlock Assistance

The Fifth Judicial District administers an account established to provide financial assistance for offenders who cannot afford Ignition Interlock. If you qualify for assistance and funds are available, the District may provide assistance for a period of up to twelve months. Please complete the application completely before submitting. All incomplete information may delay processing.

| | |
|---|--|
| Name of Applicant (Last, First, Middle) | Daytime Phone Number (XXX-XXX-XXXX) |
| Home Address (Street, City, Zip code) | Email Address |
| Minnesota driver license number | Date of Birth (MM/DD/YYYY) |
| Probation agent (name, contact information, and county) | |
| License status: <input type="checkbox"/> Revoked <input type="checkbox"/> Cancelled <input type="checkbox"/> Valid I am court ordered to install ignition interlock: <input type="checkbox"/> Yes <input type="checkbox"/> No I am lawfully present in the U.S.: <input type="checkbox"/> Yes <input type="checkbox"/> No I am a Minnesota Fifth Judicial District resident: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have / <input type="checkbox"/> have not mailed or faxed the ignition interlock participation agreement and any other needed documents to the MN Department of Public Safety (N/A for those with a valid license) I am on: <input type="checkbox"/> Pre-Trial Release <input type="checkbox"/> Probation <input type="checkbox"/> Supervised Release <input type="checkbox"/> No Supervision An ignition interlock device is already installed on my vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No · If yes , date of installation and name of ignition interlock manufacturer: _____ | |
| Total number of persons in your household (include self) _____ <i>Household consists of spouse and dependent children</i> List members of household: _____ I pay \$ _____ <input type="checkbox"/> month / <input type="checkbox"/> week in child support. <i>Please attach verification of payments.</i> | |
| Verify income using one or more of the following: check all that apply Employment income <input type="checkbox"/> Retirement income <input type="checkbox"/> Unemployment income <input type="checkbox"/> I am unemployed, do not collect unemployment income, and Social Security or Disability <input type="checkbox"/> have no source of income at this time <input type="checkbox"/> <i>Please attach income verification in the form of the last 4 paystubs, income statements, or last year's tax return if self-employed. Not attaching this information will delay application processing. The Fifth Judicial District reserves the right to request additional income information.</i> | |
| How did you hear about the 5 th District Ignition Interlock Assistance Program? _____ | |

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

X _____
Signature

Date
Return to: Jackie Murray
 Ignition Interlock Program Coordinator
 401 Carver Road, PO Box 3366, Mankato, MN 56002
 Email: Jacqueline.Murray@courts.state.mn.us
 Phone: (507)338-2181
 Fax: (507)304-4700

| For Department Use Only |
|--|
| Funding: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Tier: _____ |
| By: _____ |
| Date Received: _____ |
| Reference #: _____ |
| Application complete at time of review: : <input type="checkbox"/> Yes <input type="checkbox"/> No |



**MINNESOTA
JUDICIAL BRANCH**
FIFTH JUDICIAL DISTRICT

Acknowledgement

I, _____, hereby state that I understand and acknowledge that the Fifth Judicial District Ignition Interlock Program staff will disclose to my probation agent, _____, the Minnesota Department of Public Safety, and the Fifth Judicial District’s Ignition Interlock evaluator the following information regarding your participation in this program:

- Application and installation status
- Eligibility for ignition interlock grant assistance
- All data from ignition interlock vendor reports, including but not limited to:
 - Ignition interlock alcohol violation data
 - Other ignition interlock violation, failed starts, lockouts, missed rolling retests
 - Photos from the ignition interlock device
 - Location tracking capabilities device (GPS)
 - Evidence of tampering
- Other information about your participation in this program and your court case may be disclosed as authorized by law or court order.

This information may become public as part of a public court proceeding or as otherwise required by law.

The undersigned recipient agrees to the following:

- If approved for funding and the funds are available, the Fifth Judicial District may pay \$110 towards the cost of installation.
- If approved for funding and the funds are available, the Fifth Judicial District will pay a portion of the monthly service fee for a period of twelve (12) months or until the end of the Ignition Interlock Device Program; whichever is shorter. The driver is responsible for the remainder of the monthly service fee.
- Depending on the driver’s level of assistance, the driver may be required to provide updated proof of income before six (6) months of participation in the program. Failure to comply will decrease the level of assistance, and your monthly service fee will increase until the information is received.
- The driver is responsible for all other costs incurred by the ignition interlock device, such as recall, resets, recalibration, reinstalled in a different vehicle, damage to the device and removal of the device.
- Any tampering, destruction theft or damage to the ignition interlock equipment will be reported to the Probation Agent and may result in additional charges being filed.
- The driver understands he will make his vehicle available for random checks by law enforcement, probation, or a representative of the Fifth Judicial District’s Ignition Interlock Program.
 - I am under no obligation to sign this acknowledgement. However, without the requested information the Fifth Judicial District may not be able to be of assistance.

By signing below, I indicate that I have read the above and I understand and agree to these terms.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Date

Signature