



**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 pay for installation and up to 90% of the monthly cost of ignition interlock for a period of up to twelve months. To receive funding through this program, residency must be within the Fifth Judicial District. Please complete the application completely before submitting. All incomplete information may delay processing. This program is not affiliated with the Reduced Fee program through DVS.

<b>Name of Applicant</b> (Last, First, Middle)	<b>Daytime Phone Number</b> (XXX-XXX-XXXX)
<b>Home Address</b> (Street, City, Zip code)	<b>Email Address</b>
<b>Minnesota driver license number</b>	<b>Date of Birth</b> (MM/DD/YYYY)
<b>Probation agent</b> (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 I have <input type="checkbox"/> / have not <input type="checkbox"/> 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 · <b>If yes</b> , date of installation: _____ Contact District Program Staff prior to installation to receive funding <i>All installations are with Intoxalock – for more information about their device please call 877-777-5020</i>	
Total number of persons in your household (include self) ..... _____ <i>Household consists of spouse/significant other and dependent children</i> List members of household: _____	
<b>Verify one or more of the following:</b> Paystubs from employer <input type="checkbox"/> Retirement income <input type="checkbox"/> Unemployment income <input type="checkbox"/> I am unemployed, do not collect unemployment income, and If self-employed, last year's tax return <input type="checkbox"/> have no source of income at this time <input type="checkbox"/> Social Security or Disability <input type="checkbox"/> I pay \$_____ per <input type="checkbox"/> month / <input type="checkbox"/> week in child support. <i>Please attach income verification. Last 4 income statements required (if receiving income). Not attaching this information will only delay application processing. The Fifth Judicial District reserves the right to request additional income information.</i>	
How did you hear about the 5 <sup>th</sup> District Ignition Interlock Assistance Program? _____	

I certify under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct.

\_\_\_\_\_  
Date

**X** \_\_\_\_\_  
Signature

**Return to: Jackie Murray**  
Ignition Interlock Coordinator  
11 Civic Center Plaza  
Suite 205  
Mankato, MN 56001  
Email: Jacqueline.Murray@courts.state.mn.us  
Phone: (507)338-2181Fax: (507)344-4959

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

**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:

- 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

And that 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, the Fifth Judicial District will pay the full cost of the setup fee and installation of the ignition interlock device.

- If approved for funding, the Fifth Judicial District will pay a percentage of the monthly service fee for a period of twelve (12) months or until the end of the Fifth Judicial District Interlock 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature (Not Notary)

\_\_\_\_\_  
Witness Printed Name