**Tenth Judicial District Application for Ignition Interlock Financial Assistance**

The Tenth Judicial District administers an account established to provide financial assistance for clients who cannot afford Ignition Interlock. If you qualify for assistance and funds are available, the District may pay for the cost of installation and between 25% and 90% of the monthly cost of ignition interlock for up to eleven months. Please completely fill out the application before submitting. Incomplete information may delay processing. Please return completed application to: neal.huemoeller@co.wright.mn.us.

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| **Name of Applicant** (Last, First, Middle Initial) | **Daytime Phone Number** |
| **Home Address** (Street, City, Zip code) | **Email Address** |
| **Minnesota driver’s license number** | **Date of Birth** |
| **Probation agent** (name, contact information, and county) | |
| License status: 🞏 Revoked 🞏 Cancelled 🞏 Valid  I am court ordered to install ignition interlock. 🞏Yes 🞏 No  I am lawfully present in the U.S. and a Minnesota Tenth Judicial District resident: 🞏 Yes 🞏 No  I have 🞏 / 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).  An ignition interlock device is already installed on my vehicle: 🞏 Yes 🞏 No If yes, date of install: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Installation must be pre-arranged with District Program Staff prior to installation.*  *All installations are with to be done with the Tenth District contracted Vendor.* | |
| Total number of persons in your household (include self): \_\_\_\_\_\_\_\_\_\_  *Household consists of spouse/significant other and dependent children.* | |
| Check all boxes that apply to you:  🞏 I am employed and have included a copy of my most recent paycheck, paystub or direct payment/benefit summary.  🞏 I am unemployed and have included verification of unemployment income.  🞏 I am unemployed, do not collect unemployment income, and have no source of income at this time.  🞏 I am self-employed and have included a copy of my last year’s tax return.  🞏 I receive Social Security Disability payments and have included a copy of my most recent monthly statement.  🞏 I receive Other income as follows $ and have attached proof of that income.  🞏 I pay $\_\_\_\_\_\_\_\_\_\_\_ per 🞏 month / 🞏 week in child support.  🞏 Others in my household receive the following monthly income: $\_\_\_\_\_\_\_\_\_\_\_\_\_  *Please attach income verification for yourself. Not attaching this information will delay application processing. The Tenth Judicial District reserves the right to request additional income information.* | |
| How did you hear about the Tenth 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.***

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **For Department Use Only** |
| Funding: 🞏 Approved 🞏 Denied Tier:\_\_\_\_\_\_\_\_ |
| By: |
| Date Received: |
| Reference #: |
| Application complete at time of review: 🞏 Yes 🞏 No |

Return to:

Neal Huemoeller

Ignition Interlock Technician

[Neal.huemoeller@co.wright.mn.us](mailto:Neal.huemoeller@co.wright.mn.us)

Phone: 763.684-2340

Or mail to:

Neal Huemoeller, Ignition Interlock Technician

Wright County Court Services

3700 Braddock Ave NE Suite 1300

Buffalo, MN 55313