

Portage County Circuit Court – BR. II
Application for IID Exemption

Date: _____ Case Number(s): _____ Phone: (____) _____

Citation number(s): _____ Violation Date: _____

First name: _____ MI: _____ Last Name: _____

Home street address: _____

City, State, Zip: _____ Sex: _____

Drivers License Number: _____ Date of Birth: _____

I request the following vehicles be exempted from Ignition Interlock:

Year	Make	Vehicle Identification Number	License Plate Number

Pursuant to §343.301 Wis. Stats the Court has no authority to exempt installation of an Ignition Interlock on all vehicles titled or registered in your name, solely or jointly, unless doing so would cause an “undue financial hardship”. If you claim undue financial hardship, you must supply proof of your income and current expenses on the attached Financial Disclosure form and include it with this petition.

If your household income is less than or equal to 150% of the federal non-farm poverty amount, the Court may reduce by 50% the cost of equipping each motor vehicle titled or registered in your name, solely or jointly, with an Ignition Interlock device and reduce by 50% the cost per day per vehicle of maintaining the Ignition Interlock device.

I claim that undue financial hardship would exist if my Application is not granted based on the following:

Subscribed and sworn to me
on _____

Court Clerk (Notorial Officer)

My commission expires: _____

Applicant/Defendant Name (Signature) _____ Date

I swear or affirm that all of the information provided in this Application and Ignition Interlock Financial Disclosure attached is true, accurate and complete.

IGNITION INTERLOCK EXEMPTION FINANCIAL DISCLOSURE

Plaintiff

VS.

Case No. _____

Defendant

SECTION 1.

I currently receive:

Supplemental security income. Relief funded under §59.53(21), Wis. Stats. Medical Assistance.

Food stamps/Food Share. Relief funded under public assistance.

Benefits for veterans under §45.40(1m) or 38 USC 501-562.

Legal representation from a civil legal services program or a volunteer attorney program based on indigency.

Name of program: _____

Other means-tested public assistance: _____

My financial situation has has not changed since I became eligible for this program.

SECTION 2

I am am not married.

I am am not employed. Name of Employer: _____

I earn (gross pay) \$ _____ weekly. every 2 weeks. twice monthly. monthly.

I receive gross monthly income totaling the amount of \$ _____ from

Pension Social Security Unemployment compensation Disability Student loans/grants

Other: _____

I have the following cash assets: Savings accounts \$ _____ Cash \$ _____

Checking accounts \$ _____ Money owed me \$ _____

I have the following other assets:

Vehicle-Yr./Make \$ _____ Household furnishings \$ _____

Vehicle-Yr./Make \$ _____ Equity in real estate \$ _____

Other individual assets valued over \$200 each _____

My household consists of myself and _____ others:

Full name _____ Relationship to me _____ Under age 18 Yes No

Full name _____ Relationship to me _____ Under age 18 Yes No

Full name _____ Relationship to me _____ Under age 18 Yes No

Full name _____ Relationship to me _____ Under age 18 Yes No

I have the following debts:

a. Mortgage/Rent \$ _____ Monthly Payment _____

b. Auto loan \$ _____ Monthly Payment _____

c. Credit cards \$ _____ Monthly Payment _____

d. Other \$ _____ Monthly Payment _____

I have the following unusual expenses, other than ordinary living expenses: _____

State of _____

County of _____

Subscribed and sworn to before me on _____

Notary Public/Court Official

Name printed or Typed

My Commission/term expires _____

Signature

Date

Printed Name

Date of Birth

Address (City, State, Zip)

Telephone Number