

State of Wisconsin, Plaintiff,
-VS-

Amended

Defendant _____

**Petition for
Half-Priced Ignition Interlock
Device (IID)**

Address _____

Case No. _____

City, State, Zip _____

UNDER OATH, I STATE:

I am unable to pay the full price of Ignition Interlock because of poverty and am requesting that I have limited liability of one-half of the cost of equipping each motor vehicle with an ignition interlock device and one-half of the cost per day per vehicle maintaining the ignition interlock device.

1. I am am not married.

2. I am am not employed. Name of employer: _____

3. I earn (gross pay) \$ _____ weekly. every 2 weeks. twice monthly. monthly.
My take-home pay (after taxes and deductions) is \$ _____ per pay period.

4. I receive gross monthly income totaling the amount of \$ _____ from
 Pension Social security Unemployment compensation
 Disability Student loans/grants Other: _____

5. I have the following cash assets:
 Savings accounts: \$ _____ Cash: \$ _____
 Checking accounts: \$ _____ Money owed me: \$ _____

6. 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: _____ \$ _____

7. 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
 Full name: _____ Relationship to me: _____ Under age 18 Yes No

8. The other members of my household have gross monthly income totaling the amount of \$ _____ from
 Wages Social security Relief funded under public assistance Food stamps/FoodShare
 Pension Student loans/grants Unemployment compensation Supplemental security income
 Disability Relief funded under §59.53(21), Wisconsin Statutes Support/maintenance
 Other: _____

9. I have the following debts:

	Amount	Monthly Payment
a. Mortgage/Rent	\$ _____	_____
b. Auto loan	\$ _____	_____
c. Credit cards	\$ _____	_____
d. Other: _____	\$ _____	_____
_____	\$ _____	_____

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

I understand that if my financial situation changes,
I must notify the court immediately.

State of _____
County of _____
Subscribed and sworn to before me on _____

▶ _____
Signature

Notary Public/Court Official

Name Printed or Typed

Print or Type Name

Date of Birth

My commission/term expires: _____

Address

Date

- DISTRIBUTION:
1. Court
2. Defendant