

**BASIC INSTRUCTIONS FOR SUBMITTING
PETITION FOR IGNITION INTERLOCK DEVICE COST REDUCTION
AND VEHICLE EXEMPTION, OR BOTH, FINDINGS & ORDER**

Complete "Petition for Ignition Interlock Device Cost Reduction or Vehicle Exemption, or Both, Findings and Order."

- If applicable, attach list of any vehicles exceeding 3, which are titled in your name, including identical information for each vehicle as requested in the Petition.
- If applicable, attach list of any vehicles exceeding 3, which are titled in someone else's name which you intend to operate, including identical information for each vehicle as requested in the Petition.
- If applicable, attach list of any vehicles exceeding 3, for which you are requesting exemption, including identical information for each vehicle as requested in the Petition.
- Attach required financial proof (i.e. recent paystub within last 30 days, or recent benefit letter for SSI or other benefits, for yourself, your spouse and all adult members of your household).

Submit the Petition and all required attachments to Municipal Court – 2nd floor City Hall.

The Petition and all attachments will be presented to the judge for review. After the judge approves or denies the Petition, all documents will be sent back to the Municipal Court clerk for processing. The clerk will mail out copies of the signed Petition and Order to you, along with a signed copy of any applicable approved Orders.

If you requested a 50% cost reduction of the ignition interlock device, and the court approves your request, you will be mailed a signed copy of the Order approving a 50% cost reduction, which you will need to present to the IID installer to obtain the cost reduction.

If you requested the court to exempt any motor vehicles registered in your name from the IID order, and the court approves your request, the clerk will send a copy of the MV3617 to the DMV in Madison. You will also be mailed a copy of the MV3617 which you can take in with you when you go to the Motor Vehicle Department to apply for an occupational license or reinstate your license to help expedite the process.

If you have any questions pertaining to this procedure, please feel free to contact the Municipal Court at (608) 364-6613.

CITY OF BELOIT,
Plaintiff,
vs.

PETITION FOR IGNITION INTERLOCK
DEVICE COST REDUCTION OR VEHICLE
EXEMPTION OR BOTH, FINDINGS AND ORDER

CITATION NUMBER(S): _____

Defendant.

I hereby petition the court for a 50% reduction of cost of installing and maintaining a court-ordered ignition interlock device on the vehicle(s) listed below that I own or that is/are registered in my name and that have not been exempted from the IID Order. The following is a complete list of the vehicle(s) that I own or that is/are registered in my name:

| No | Year | Make | Vehicle Identification Number (VIN) | License Plate Number |
|----|-------|-------|-------------------------------------|----------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

I hereby petition the court for a 50% reduction of cost of installing and maintaining a court-ordered ignition interlock device on the vehicle(s) listed below that is/are not registered in my name that I intend to operate, and that must be equipped with an ignition interlock device for me to legally operate. The following is a complete list of the vehicle(s) that I intend to operate, that are not registered in my name, and that must be equipped with an ignition interlock device for me to legally operate:

| No | Year | Make | Vehicle Identification Number (VIN) | License Plate Number |
|----|-------|-------|-------------------------------------|----------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

I hereby petition the court for an ignition interlock device exemption for the following vehicles that I own or that are registered in my name for the reasons stated:

| No | Year | Make | Vehicle Identification Number (VIN) | License Plate Number |
|----|-------|-------|-------------------------------------|----------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |

Reason for Exemption Request : _____

I am presently employed: Yes No

Employer's Name: _____

Occupation/Job Title: _____

Employer's Address: _____

Hours/Week: _____

Hourly Rate: _____

I have the following gross monthly income from each source checked in the amount stated:

| | | | | | |
|--------------------------|--------------------------|----------|-----------------------------|-----------------------|----------|
| <input type="checkbox"/> | Wages | \$ _____ | <input type="checkbox"/> | Student Loans/Grants | \$ _____ |
| <input type="checkbox"/> | Child Support | \$ _____ | <input type="checkbox"/> | Social Security | \$ _____ |
| <input type="checkbox"/> | Maintenance | \$ _____ | <input type="checkbox"/> | Supp. Security Income | \$ _____ |
| <input type="checkbox"/> | Disability Benefits | \$ _____ | <input type="checkbox"/> | Unemployment Comp | \$ _____ |
| <input type="checkbox"/> | Food Stamps | \$ _____ | <input type="checkbox"/> | Veterans Benefits | \$ _____ |
| <input type="checkbox"/> | Medical Assistance | \$ _____ | <input type="checkbox"/> | Other: _____ | \$ _____ |
| <input type="checkbox"/> | Pension/Retirement | \$ _____ | <input type="checkbox"/> | Other: _____ | \$ _____ |
| <input type="checkbox"/> | Public Assistance/Relief | \$ _____ | TOTAL MONTHLY INCOME | | \$ _____ |

I have attached the required financial proof – such as a copy of any pay stubs received in the past 30 days or the most recent notice showing the amount of SSI or other benefits – for each item of income reported above.

I am married: Yes No

Spouse's Name : _____

My spouse is presently employed: Yes No

Employer's Name: _____

Occupation/Job Title: _____

Employer's Address: _____

Hours/Week: _____

Hourly Rate: _____

My spouse has the following gross monthly income from each source checked in the amount stated:

| | | | | | |
|--------------------------|--------------------------|----------|-----------------------------|-----------------------|----------|
| <input type="checkbox"/> | Wages | \$ _____ | <input type="checkbox"/> | Student Loans/Grants | \$ _____ |
| <input type="checkbox"/> | Child Support | \$ _____ | <input type="checkbox"/> | Social Security | \$ _____ |
| <input type="checkbox"/> | Maintenance | \$ _____ | <input type="checkbox"/> | Supp. Security Income | \$ _____ |
| <input type="checkbox"/> | Disability Benefits | \$ _____ | <input type="checkbox"/> | Unemployment Comp | \$ _____ |
| <input type="checkbox"/> | Food Stamps | \$ _____ | <input type="checkbox"/> | Veterans Benefits | \$ _____ |
| <input type="checkbox"/> | Medical Assistance | \$ _____ | <input type="checkbox"/> | Other: _____ | \$ _____ |
| <input type="checkbox"/> | Pension/Retirement | \$ _____ | <input type="checkbox"/> | Other: _____ | \$ _____ |
| <input type="checkbox"/> | Public Assistance/Relief | \$ _____ | TOTAL MONTHLY INCOME | | \$ _____ |

I have attached the required financial proof – such as a copy of any pay stubs received in the past 30 days or the most recent notice showing the amount of SSI or other benefits – for each item of income reported above.

The following persons presently reside in my household in addition to me and my spouse:

| | | |
|-------------|---------------------|--|
| Name: _____ | Relationship: _____ | Under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name: _____ | Relationship: _____ | Under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name: _____ | Relationship: _____ | Under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name: _____ | Relationship: _____ | Under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name: _____ | Relationship: _____ | Under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No |

The additional members of my household listed above have a combined gross monthly income from each source checked in the amount stated:

| | | | | | |
|--------------------------|--------------------------|----------|--------------------------|-----------------------------|----------|
| <input type="checkbox"/> | Wages | \$ _____ | <input type="checkbox"/> | Student Loans/Grants | \$ _____ |
| <input type="checkbox"/> | Child Support | \$ _____ | <input type="checkbox"/> | Social Security | \$ _____ |
| <input type="checkbox"/> | Maintenance | \$ _____ | <input type="checkbox"/> | Supp. Security Income | \$ _____ |
| <input type="checkbox"/> | Disability Benefits | \$ _____ | <input type="checkbox"/> | Unemployment Comp | \$ _____ |
| <input type="checkbox"/> | Food Stamps | \$ _____ | <input type="checkbox"/> | Veterans Benefits | \$ _____ |
| <input type="checkbox"/> | Medical Assistance | \$ _____ | <input type="checkbox"/> | Other: _____ | \$ _____ |
| <input type="checkbox"/> | Pension/Retirement | \$ _____ | <input type="checkbox"/> | Other: _____ | \$ _____ |
| <input type="checkbox"/> | Public Assistance/Relief | \$ _____ | | TOTAL MONTHLY INCOME | \$ _____ |

I have attached the required financial proof – such as a copy of any pay stubs received in the past 30 days or the most recent notice showing the amount of SSI or other benefits – for each item of income reported above.

SUMMARY OF GROSS MONTHLY INCOME

My gross monthly income is: \$ _____

My spouse's gross monthly income is: \$ _____

The additional members of my household gross monthly income is: \$ _____

TOTAL GROSS MONTHLY INCOME for my household: \$ _____

PETITIONER'S CONTACT INFORMATION

Name: _____ Telephone Number: _____

Address: _____ Cell Phone Number: _____

City: _____ State: _____ Zip: _____

ACKNOWLEDGEMENT

I understand that an ignition interlock device is required for every vehicle that I own or that is registered in my name unless the vehicle is specifically exempted by the court.

I understand that my operating privilege is restricted by court order and that while I am under that order I cannot legally operate any motor vehicle – including one that is borrowed, rented, leased, or exempted – unless it is equipped with an ignition interlock device.

I certify that the information provided above is true. I understand that I may be required to testify under oath about the information I have provided and about my financial situation.

Signature

Date