**STATE OF WISCONSIN, MID-MORAINE MUNICIPAL COURT, WASHINGTON & OZAUKEE COUNTIES**

     , Plaintiff, Citation No.

-vs-

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

     ,             DOB:

\*\*This form must be completed before the Court will consider your Petition\*\*

**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 on-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

Disability Pension Unemployment Compensation

Social Security Student Loans/Grants Other:

5. I have the following cash assets:

Checking accounts: $ Cash: $

Savings accounts: $ Money owed me: $

6. I have the following cash 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

8. The other members of my household have gross monthly income totaling the amount of $ from

Wages Social Security Food stamps/Food Share Relief funded under public assistance

Pension Student Loans/Grants Supplemental Security Income Unemployment Compensation

Disability Support/Maintenance Relief funded under S.S.59.53(21), Wisconsin Statutes

9. I have the following debts:  **Amount Monthly Payment**

a. Mortgage or Rent $ $

b. Auto Loan $ $

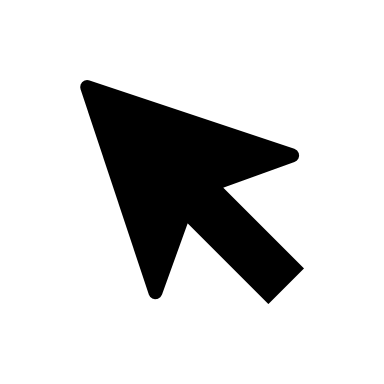
c. Credit Cards $ $

d. Other: $ $

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

I understand that if my financial situation changes, I must

**THIS FORM MUST BE NOTARIZED BELOW.** notify the court immediately.

State of 

County of: Signature Date

Subscribed and sworn to before me on

Notary Public/Court Official Print or Type Name

Name Printed or Typed Address

My commission/term expires: t:\forms\IID Cost Petition R04/10/20 EXX00/00/20