****

**MID-MORAINE MUNICIPAL COURT**

SERVING COMMUNITIES IN WASHINGTON & OZAUKEE COUNTIES

**Application to Exempt Vehicle(s) from Ignition Interlock**

Name:       Citation Number:

Address:        Phone:

     ,             Email:

I request the Court to exempt the following vehicle(s) from the ignition interlock requirement:

**Year Make Vehicle ID # (VIN) Reason (attach additional page if needed)**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

You must include back up for each vehicle, if you have it (Sold receipt, Proof that vehicle is junked,etc.). If the exemption is due to financial difficulties, please indicate “financial hardship” and an explanation in the Reason box above.

I STATE THAT an Ignition Interlock device will be or has been installed on the following vehicle(s):

**Year Make Vehicle ID # (VIN)**

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

By signing this application, I am declaring that all the information in this application is true and correct to the best of my knowledge, and I have read the following NOTE.

**NOTE:** It is unlawful to remove, disconnect, tamper, failure to install, or otherwise circumvent the operation of a court ordered IID. Violations are reported to the sheriff of your county of residence. Criminal penalties for violation include fines up to $600.00 and/or imprisonment of up to 6 months, and a mandatory 6-month extension on the IID requirement.

**Signature of Defendant Date**

🞎 Check this box if you have requested a vehicle exemption for other vehicle(s).

|  |
| --- |
| **TO BE COMPLETED BY PROSECUTOR:**  **Prosecutor’s position on Exemption:**  Do Not Object Schedule for Exemption Hearing |