

Half-Price Ignition Interlock Device Information Packet

Wisconsin Act 100, which took effect on July 1, 2010, requires judges to order an ignition interlock device (IID) for all repeat OWI offenders, all refusals, first offense OWI with a minor passenger, and all first offense OWI with an alcohol concentration of 0.15 or higher.

You have been convicted of an OWI or refusal and the court has ordered an ignition interlock device (IID) be installed on every vehicle that is titled or registered in your name. The IID restriction period is for a minimum of one (1) year. See your court order for complete details. The Clerk of Court will notify the Department of Motor Vehicles of all court orders requiring IID installation.

Frequently asked questions about ignition interlock devices can be found at:
<http://www.dot.wisconsin.gov/statepatrol/docs/iid-faq.pdf>)

No occupational license will be issued by DMV unless you have proof the IID has been installed on every vehicle (unless exempted). The occupational license will have Class D operating privileges restricted to vehicles equipped with an IID.

Because of the cost to have an IID installed and maintained, some parties may qualify for a reduction in costs. This packet contains the forms needed to petition for financial relief.

If you have any questions regarding the IID device, manufacturers or vendors, please call the Chemical Test Section at 608-266-0084. If you have questions concerning IID forms or drivers' records maintenance, please call the DMV Compliance and Restoration Unit at 608-266-2261.

Fully complete the two pages Petition for Half-Priced Ignition Interlock Device.

Deliver your forms to the Clerk of Court office. After the Court reviews your petition, the Court will complete the Order and a copy will be returned to you of the decision.

State of Wisconsin, Plaintiff,
-VS-

Amended

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

Defendant _____

Address _____

City, State, Zip _____

Case No. _____

I DECLARE THAT:

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.

**I declare under the criminal penalty of false swearing
That the information I have provided is true and
accurate.**



Signature

Name Printed or Typed

Address

Email Address

Telephone Number

Date

State Bar No. (if any)

DISTRIBUTION:

1. Court
2. Defendant