**STATE OF WISCONSIN CIRCUIT COURT LINCOLN COUNTY**

STATE OF WISCONSIN, Plaintiff

Vs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Defendant

**UNDER OATH**, as follows:

**PETITION FOR IGNITION INTERLOCK DEVICE**

**COST REDUCTION OR VEHICLE EXEMPTION**

**OR BOTH FINDINGS, AND ORDER**

Case No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the defendant and following is a complete list of the vehicle(s) that I own or that is/are registered in my name:

NO. YEAR MAKE VEHICLE ID NUMBER LICENSE PLATE NO.

1 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I own more than 4 vehicles and I have attached a list of all of the other vehicles that I own, along with the year, make,

vehicle identification number, and license plate number of each vehicle.

I am the defendant and 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 ID NUMBER LICENSE PLATE NO.

1 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I intend to operate more than 2 vehicles that are not registered in my name and I have attached a list of all of the other

vehicles that are not registered in my name and that I intend to operate, along with the year, make, vehicle

identification number, and license plate number of each vehicle.

I petition the court for a 50% reduction of cost of installing and maintaining a court-ordered ignition interlock device on

the vehicle(s) that I own or that is/are registered in my name and that have not been exempted from the IID Order.

I petition the court for a 50% reduction of cost of installing and maintaining a court-ordered ignition interlock device on

the vehicle(s) listed above that 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.

I have attached a completed form TR-309, Order For Half-Priced Ignition Interlock Device (IID), for the court to sign if

my petition is granted.

I petition the court for an ignition interlock exemption for the following vehicle(s) that I own or that are registered in my

name for the reasons stated (vehicle no. should match vehicle no. identified in first section above):

NO. YEAR MAKE REASON

\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I own more than 4 vehicles and have attached a list of all of the other vehicles that I own with the year, make, and

reason that I am seeking an ignition interlock exemption.

I have attached a completed form MV3617, Order For Ignition Interlock Exemptions and Removing Title Transfer

Stops, for the court to sign if my petition is granted.

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:

Wages $ \_\_\_\_\_\_\_\_\_\_\_\_ Student Loans/Grants $ \_\_\_\_\_\_\_\_\_\_\_\_

Child Support/Maintenance $ \_\_\_\_\_\_\_\_\_\_\_\_ Social Security $ \_\_\_\_\_\_\_\_\_\_\_\_

Disability Benefits $ \_\_\_\_\_\_\_\_\_\_\_\_ Supplemental Security Income $ \_\_\_\_\_\_\_\_\_\_\_\_

Food Stamps $ \_\_\_\_\_\_\_\_\_\_\_\_ Unemployment Compensation $ \_\_\_\_\_\_\_\_\_\_\_\_

Medical Assistance $ \_\_\_\_\_\_\_\_\_\_\_\_ Veterans Benefits $ \_\_\_\_\_\_\_\_\_\_\_\_

Pension/Retirement $ \_\_\_\_\_\_\_\_\_\_\_\_ Other $ \_\_\_\_\_\_\_\_\_\_\_\_

Public Assistance/Relief $ \_\_\_\_\_\_\_\_\_\_\_\_ TOTAL GROSS 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

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:

Wages $ \_\_\_\_\_\_\_\_\_\_\_\_ Student Loans/Grants $ \_\_\_\_\_\_\_\_\_\_\_\_

Child Support/Maintenance $ \_\_\_\_\_\_\_\_\_\_\_\_ Social Security $ \_\_\_\_\_\_\_\_\_\_\_\_

Disability Benefits $ \_\_\_\_\_\_\_\_\_\_\_\_ Supplemental Security Income $ \_\_\_\_\_\_\_\_\_\_\_\_

Food Stamps $ \_\_\_\_\_\_\_\_\_\_\_\_ Unemployment Compensation $ \_\_\_\_\_\_\_\_\_\_\_\_

Medical Assistance $ \_\_\_\_\_\_\_\_\_\_\_\_ Veterans Benefits $ \_\_\_\_\_\_\_\_\_\_\_\_

Pension/Retirement $ \_\_\_\_\_\_\_\_\_\_\_\_ Other $ \_\_\_\_\_\_\_\_\_\_\_\_

Public Assistance/Relief $ \_\_\_\_\_\_\_\_\_\_\_\_ TOTAL GROSS 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 myself and my spouse:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Under 18? Yes No

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Under 18? Yes No

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Under 18? Yes No

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Under 18? Yes No

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Under 18? Yes No

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Under 18? Yes No

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Under 18? Yes No

The additional members of my household listed above have a combined gross monthly income from each source checked

in the amount stated:

Wages $ \_\_\_\_\_\_\_\_\_\_\_\_ Student Loans/Grants $ \_\_\_\_\_\_\_\_\_\_\_\_

Child Support/Maintenance $ \_\_\_\_\_\_\_\_\_\_\_\_ Social Security $ \_\_\_\_\_\_\_\_\_\_\_\_

Disability Benefits $ \_\_\_\_\_\_\_\_\_\_\_\_ Supplemental Security Income $ \_\_\_\_\_\_\_\_\_\_\_\_

Food Stamps $ \_\_\_\_\_\_\_\_\_\_\_\_ Unemployment Compensation $ \_\_\_\_\_\_\_\_\_\_\_\_

Medical Assistance $ \_\_\_\_\_\_\_\_\_\_\_\_ Veterans Benefits $ \_\_\_\_\_\_\_\_\_\_\_\_

Pension/Retirement $ \_\_\_\_\_\_\_\_\_\_\_\_ Other $ \_\_\_\_\_\_\_\_\_\_\_\_

Public Assistance/Relief $ \_\_\_\_\_\_\_\_\_\_\_\_ TOTAL GROSS MONTHLY INCOME $ \_\_\_\_\_\_\_\_\_\_\_\_

The Internal Revenue Service (IRS) defines a member of household as a person who is related to you or lives with you for the entire year as a member of your household except for temporary absences, such as vacation or school.

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 that is

received by an adult member of my household .

**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: $ \_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone (day): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone (evening): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone (cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DL#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 SIGNED

State of Wisconsin

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public/Court Official

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Printed or Typed

**FINDINGS AND ORDER**

Based on the petition and other information provided to the court by the defendant, the court finds as follows:

**Cost Reduction**

Defendant has a household income that is at or below 150% of the federal poverty guidelines, the petition is granted, and

an Order for Half-Priced Ignition Interlock Device (IID), Form TR-309, shall issue.

*OR*

Defendant has a household income that exceeds 150% of the federal poverty guidelines and the petition is denied.

**Vehicle Exemption**

The petition for vehicle exemption is granted and an Order for Ignition Interlock Exemptions and Removing Title Transfer

Stops, Form MV3617 8/2010, shall issue.

*OR*

The petition for vehicle exemption is granted in part and denied in part. The petition is granted for vehicle nos.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and denied for vehicle nos. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the following reasons:

.

The petitioner is directed to prepare and submit an Order for Ignition Interlock Exemptions and Removing Title Transfer Stops,

Form MV3617 8/2010, consistent with the court’s findings and that order shall issue.

*OR*

The petition for vehicle exemption is denied.

BY THE COURT:

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circuit Court Judge

FAX completed form to 608-267-6966 or MAIL to:

Vehicle Records – OWI, Room 851

Wisconsin Department of Transportation

PO Box 7911

Madison, WI 53707-7911

If questions, call 608-266-0898