

STATE OF TENNESSEE

vs.

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

\_\_\_\_\_  
Defendant

**UNIFORM AFFIDAVIT OF INDIGENCY  
FOR PURPOSES OF INTERLOCK ASSISTANCE FUND**

Comes the defendant and, subject to the penalty of perjury, makes oath to the following facts (please list, circle, complete, etc.):

1. Full name: \_\_\_\_\_ List any other names you have used: \_\_\_\_\_
2. Birthdate: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Telephone Nos.: (Home/Cell) \_\_\_\_\_ (Work) \_\_\_\_\_
5. Are you working ? ( ) Yes ( ) No If so, where? \_\_\_\_\_
6. How much money do you make? \$ \_\_\_\_\_ per hour/day/week/month/year (circle one)
7. Do you have any income other than the income listed above? ( ) Yes ( ) No If so, list the sources, payment periods, and amounts below. Possible sources include, but are not limited to, interest, gifts, AFDC, SSI, social security, retirement, disability, pension, unemployment, alimony, and workers' compensation.

\$ \_\_\_\_\_ per \_\_\_\_\_ from \_\_\_\_\_  
 \$ \_\_\_\_\_ per \_\_\_\_\_ from \_\_\_\_\_

8. Acknowledging that I am still under oath, I certify that I have listed above all income I receive.
9. By signing this form, I agree to file a copy of my most recent income tax return if requested by the court.
10. I understand that it is a Class A misdemeanor for which I can be sentenced to jail for up to 11 months, 29 days or be fined up to \$2,500, or both, if I intentionally misrepresent, falsify or withhold any information required in this affidavit. I also understand that I may be required by the Court to produce other information in support of my request to be declared indigent for purposes of using the Interlock Assistance Fund.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. \_\_\_\_\_

Defendant

Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Clerk

\_\_\_\_\_  
Judge

I hereby find that the above-named defendant receives an annual income, after taxes, of 185% or less of the poverty guidelines updated periodically in the federal register by the United States Department of Health and Human Services under the authority of 42 U.S.C. § 9902(2), and that the defendant is therefore indigent and financially unable to pay for a functioning ignition interlock device.

\_\_\_\_\_  
Judge

**\*\*\*\*\* The defendant must submit a copy of this form to the interlock provider before installation of the ignition interlock device, and the interlock provider must submit a copy of this form to the State Treasurer prior to being reimbursed. To locate a Tennessee Department of Safety certified Ignition Interlock Device Installer, go to <http://www.tn.gov/safety/FinancialResponsibility/IIDInstall.htm> or call the Department of Safety at (615) 743-4960. Ignition Interlock Device Installers may contact the Tennessee Department of Treasury at (615) 741-1337 or email [Interlock.Assistance@tn.gov](mailto:Interlock.Assistance@tn.gov) for further information regarding reimbursement from the Interlock Assistance Fund.**