

IN THE \_\_\_\_\_ COURT FOR \_\_\_\_\_ COUNTY

STATE OF TENNESSEE

vs.

Case/Docket No. \_\_\_\_\_

\_\_\_\_\_  
Defendant

**UNIFORM AFFIDAVIT OF INDIGENCY  
FOR PURPOSES OF DUI MONITORING FUND (T.C.A. § 55-10-419)**

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 yes, 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 yes, list the total amount. \$ \_\_\_\_\_  
Remember, possible sources include, but are not limited to the following: interest, gifts, AFDC, SSI, social security, retirement, disability, pension, unemployment, alimony, and workers' compensation.
8. Your total annual income after taxes is \$ \_\_\_\_\_
9. Number of persons in your family/household: \_\_\_\_\_
10. Acknowledging that I am still under oath, I certify that I have listed above all income I receive.
11. By signing this form, I agree to file a copy of my most recent income tax return if requested by the court.
12. I understand that, pursuant to the perjury offense set out in T.C.A. § 39-16-702, 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 DUI monitoring fund.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Signature of Defendant

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

\_\_\_\_\_  
Signature of Clerk

\_\_\_\_\_  
Signature of 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, subject to availability of funds, qualifies for financial assistance to pay costs associated with a functioning ignition interlock device, transdermal monitoring device, or alternative alcohol or drug monitoring device.

\_\_\_\_\_  
Signature of Judge

**\*\*\*\*\* The defendant must submit a copy of this form to the device provider before installation of the ignition interlock device, transdermal monitoring device, or alternative alcohol or drug monitoring device; and the device provider must submit a copy of this form to the state treasurer prior to being reimbursed. Pursuant to T.C.A. § 55-10-419(a)(1)(C), no more than two hundred dollars (\$200.00) per month shall be expended from the fund to pay the costs associated with the device.**

# United States Department of Health and Human Services

## 2016 Poverty Guidelines

<u>Persons in Family/Household</u>	<u>Poverty Guideline</u>	<u>185%</u>
1	\$11,880	\$21,978
2	\$16,020	\$29,637
3	\$20,160	\$37,296
4	\$24,300	\$44,955
5	\$28,440	\$52,614
6	\$32,580	\$60,273
7	\$36,730	\$67,950.50
8	\$40,890	\$75,646.50

For families/households with more than 8 persons, add \$4,160 for each additional person.