

Certification of Indigency for Ignition Interlock Devices

For Purposes of the Electronic Monitoring Indigency Fund

TO BE COMPLETED BY THE DEFENDANT

PART I.

1. Full Name: _____
2. Other Names Used: _____ 3. Birth Date: _____
4. Address: _____
5. Telephone Nos.: (Home) _____ (Work) _____ (Cell) _____
6. Docket Number: _____
7. Date of Order to Use Ignition Interlock Device: _____

PART II. To be completed by the defendant ordered to use an Ignition Interlock Device.

8. As of the date of the Court Order ordering me to use an ignition interlock device, I am eligible to receive, or I am receiving funds from at least one (1) of the sources listed below (please check all applicable and provide any available supporting documentation):
____ Supplemental Nutrition Assistance (SNAP) Program;
____ Temporary Assistance of Needy Families (TANF) Program; or
____ State Medicaid Program (TennCare)
9. As of the date of the Court Order ordering me to use an ignition interlock device, I am:
____ neither eligible to receive nor receiving funds from at least one (1) of the sources listed in number 8 above.
10. Through my signature below, I am:
 - A. providing my authorization and consent to allow the Court Clerk to access websites or databases to obtain information or documentation demonstrating that on the date of the Court Order ordering me to use an ignition interlock device, I am eligible to receive, or I am receiving funds from at least one (1) of the sources listed above in the event I check one of the sources listed in number 8 above; and
 - B. certifying under the penalty of perjury that the foregoing is true and in support of my request to be declared indigent for purposes of using the electronic monitoring indigency fund.

Defendant Signature

Date

Defendant Printed Name



Certification of Indigency for Ignition Interlock Devices (continued)

TO BE COMPLETED BY THE COURT CLERK

PART III. To be completed by the Court Clerk if the defendant indicates eligibility to receive or receipt of one of the funding sources listed in number 8 on page 1.

Based on the aforementioned authorization and consent provided by the defendant, I have confirmed and certify under the penalties of perjury that, as of the date that the Court ordered the defendant to use an ignition interlock device, the defendant is eligible to receive or is receiving funds from at least one (1) of the sources listed under number 8 above.

Court Clerk Signature

Date

Court Clerk Printed Name

TO BE COMPLETED BY THE JUDGE

PART IV. To be completed by the Judge if the defendant is determined to be indigent.

If the Defendant is determined to be indigent:

A. _____ Defendant is ordered to pay a minimum of \$30.00 per month toward the eligible costs for a functioning interlock device or alternative device, pursuant to T.C.A. § 55-10-419(h)(2).

OR

B. _____ Defendant is found to have the ability to pay more than the required \$30.00 per month of the costs associated with the required device, and is ordered to pay \$_____, pursuant to T.C.A. §55-10-419(h)(2).

Judge Signature

Date

Judge Printed Name

