

Application for Ignition Interlock Assistance

The Fifth Judicial District administers an account established to provide financial assistance for offenders who cannot afford Ignition Interlock. If you qualify for assistance and funds are available, the District may pay for installation and between 25 and 90 percent of the monthly cost of ignition interlock for a period between one and twelve months.

PRINT OR TYPE Name of Application (Last, First, Middle Initial)	Daytime Phone Number
Home Address (Street, City, Zip code)	Mailing Address (If different)
Minnesota driver license number	Date of Birth
Probation agent name and contact information:	
License status: <input type="checkbox"/> Revoked <input type="checkbox"/> Cancelled <input type="checkbox"/> Valid (court-ordered to install ignition interlock)	
I am lawfully present in the U.S. and a Minnesota Fifth Judicial District resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	
I have <input type="checkbox"/> / have not <input type="checkbox"/> mailed or faxed the ignition interlock participation agreement and any other needed documents to the MN Department of Public Safety. (N/A for those with a valid license)	
An ignition interlock device is already installed on my vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of installation: _____ <i>Installation must be pre-arranged with District Program Staff prior to installation.</i> <i>All installations are with Intoxalock – for more information about their device please call 888-283-6148</i>	
Eligibility Information 1. Total number of persons in your household (include self) _____ <i>Household consists of spouse/significant other and dependent children</i>	
I am employed and have included a copy of my last four paychecks <input type="checkbox"/> I am unemployed <input type="checkbox"/> I am self-employed and have included a copy of my last year's tax return <input type="checkbox"/> <i>The Fifth Judicial District reserves the right to request additional income information</i>	
I pay \$_____per <input type="checkbox"/> month / <input type="checkbox"/> week in child support.	

I certify under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct.

Date

X _____
Signature

For Department Use Only
<input type="checkbox"/> Approved <input type="checkbox"/> Denied
By:
Date:

Please return form to: Andrea Aukrust
201 Lake Ave., Suite 243, Fairmont, MN 56031
Email: andrea.aukrust@courts.state.mn.us
Fax: 507-238-1913



Authorization for the use or disclosure of information

I, _____, hereby request and authorize the Fifth Judicial District Ignition Interlock Program staff to disclose to my probation agent, _____, the Minnesota Department of Public Safety, and the 5th Judicial District's Ignition Interlock evaluator the following information:

- Application and installation status
- Eligibility for ignition interlock grant assistance
- All data from ignition interlock vendor reports, including but not limited to, positive alcohol tests, including blood alcohol level, failed starts, lockouts, missed rolling retests, photos from the ignition interlock device, GPS location data, and evidence of tampering.

The purpose of this release is to enable the Judicial District, Department of Corrections and the Department of Public Safety to assist me in my return to driving safely and legally. I know and understand that:

- Information regarding me is protected under state and/or federal privacy laws and generally cannot be disclosed without my consent, with certain exceptions specified by law.
- Information disclosed pursuant to this authorization may be re-disclosed to other parties and may then not be protected under state and/or federal data privacy laws.
- I am under no obligation to sign this authorization. However, without the requested information the Fifth Judicial District may not be able to be of assistance.
- I may revoke this authorization at any time by giving written notice of revocation. Unless earlier revoked, this authorization expires twelve (12) months from the date I signed this form.

Date

X _____
Signature

Date

X _____
Witness

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