MINNESOTA JUDICIAL BRANCH
FIFTH JUDICIAL DISTRICT

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% of the monthly cost of ignition interlock for a period between one and twelve months. Please complete the application completely before submitting. All incomplete information may delay processing.

Name of Applicant (Last, First, Middle Initial)	**Daytime Phone Number**
Home Address (Street, City, Zip code)	**Email Address**
Minnesota driver license number	**Date of Birth**
Probation agent (name, contact information, and county)	

License status: ☐ Revoked ☐ Cancelled ☐ Valid
I am court ordered to install ignition interlock. ☐Yes ☐ No
I am lawfully present in the U.S. and a Minnesota Fifth Judicial District resident: ☐ Yes ☐ No
I have ☐ / have not ☐ 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: ☐ Yes ☐ No If yes, date of installation:_____

Installation must be pre-arranged with District Program Staff prior to installation.
All installations are with Intoxalock – for more information about their device please call 877-777-5020

Total number of persons in your household (include self) . . . . . _____
Household consists of spouse/significant other and dependent children

I am employed and have included a copy of my last four paychecks ☐
I am unemployed and have included verification of unemployment income ☐
I am unemployed, do not collect unemployment income, and have no source of income at this time ☐
I am self-employed and have included a copy of my last year's tax return ☐
I receive Social Security Disability payments and have included a copy of my last four monthly statements ☐
I pay $_____ per ☐ month / ☐ week in child support.

Please attach income verification. Not attaching this information will only delay application processing. The Fifth Judicial District reserves the right to request additional income information.

How did you hear about the 5th District Ignition Interlock Assistance Program? _____

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

_____ X_____
Date Signature

Return to: Megan Moreau
Ignition Interlock Coordinator
401 Carver Road
P.O. Box 3543
Mankato MN 56001
Email: megan.moreau@courts.state.mn.us
(Email is the quickest form of communication)
Phone: (507)304-4755
Fax: (507)304-4710

For Department Use Only
Funding: ☐ Approved ☐ Denied Tier:_____
By:
Date Received:
Reference #:
Application complete at time of review: : ☐ Yes ☐ No

3/31/16

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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, chemical assessment providers, 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.

I further request and authorize my probation agent to share with the Fifth Judicial District's Ignition Interlock Program the results of any probation violations or sanctions conferencing that results from an ignition interlock violation.

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.

_____ **X**_____
Date Signature

_____ **X**_____
Date Witness

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