



MINNESOTA JUDICIAL BRANCH

THIRD JUDICIAL DISTRICT

Application for Ignition Interlock

The Third Judicial District Ignition Interlock Program was established to provide guidance and/or financial assistance to individuals that require an Ignition Interlock device to drive legally. The program can provide financial assistance for individuals who cannot afford Ignition Interlock and qualify for up to one year. (If funds are available.) The installation must be pre-arranged with District Program Staff prior to installation to receive financial assistance. Please complete the application **completely** before submitting.

Name of Applicant (Last, First, Middle)	Daytime Phone Number
Home Address (Street, City, Zip code)	Email Address
Minnesota driver license number	Date of Birth
Applicants must reside in one of the listed counties or have a DWI related arrest / case in one of the counties	
County of Residence: (Circle One) Dodge Fillmore Freeborn Houston Mower Olmsted Rice Steele Wabasha Waseca Winona Other _____	
County of DWI Arrest: (Circle One) Dodge Fillmore Freeborn Houston Mower Olmsted Rice Steele Wabasha Waseca Winona Other _____	
Probation agent / E: Contact: (Name, Phone, E Mail and County) <i>If you do not have a Probation Agent, provide an emergency contact.</i>	
<input type="checkbox"/> I am not requesting financial assistance. I am requesting assistance meeting DVS ignition interlock requirements only. (Completion of household and financial information is not required.)	
Total number of persons in your household (include self) _____ <i>Household consists of spouse/significant other and dependent children</i>	
<input type="checkbox"/> I am employed and have included a copy of my last four paychecks <input type="checkbox"/> I am unemployed and have included verification of unemployment income. <input type="checkbox"/> I am unemployed, do not collect unemployment income, and have no source of income at this time. <input type="checkbox"/> I am self-employed and have included a copy of my last year's tax return <input type="checkbox"/> I receive Social Security Disability payments and have included a copy of my last four monthly statements. I pay \$_____ per <input type="checkbox"/> Month / <input type="checkbox"/> Week in child support. <i>Please attach income verification. Not attaching this information will only delay application processing. The Third Judicial District reserves the right to request additional income information.</i>	
How did you hear about the Third 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.

Date

X _____
Signature (Print form - signature required)

Return to: Brad Nelson

Ignition Interlock Coordinator
1696 Greenview Drive SW, Ste. A
Rochester, MN 55902
Email: Brad.Nelson@courts.state.mn.us
Phone: (507)206-2313 Fax: (507)285-7476