

State of Wisconsin, Plaintiff,  
-VS-

Amended

Defendant \_\_\_\_\_

**Petition for  
Half-Priced Ignition Interlock  
Device (IID)**

Address \_\_\_\_\_

Case No. \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**UNDER OATH, I STATE:**

I am unable to pay the full price of Ignition Interlock because of poverty and am requesting that I have limited liability of one-half of the cost of equipping each motor vehicle with an ignition interlock device and one-half of the cost per day per vehicle maintaining the ignition interlock device.

1. I  am  am not married.

2. I  am  am not employed. Name of employer: \_\_\_\_\_

3. I earn (gross pay) \$ \_\_\_\_\_  weekly.  every 2 weeks.  twice monthly.  monthly.  
My take-home pay (after taxes and deductions) is \$ \_\_\_\_\_ per pay period.

4. I receive gross monthly income totaling the amount of \$ \_\_\_\_\_ from  
 Pension  Social security  Unemployment compensation  
 Disability  Student loans/grants  Other: \_\_\_\_\_

5. I have the following cash assets:  
 Savings accounts: \$ \_\_\_\_\_  Cash: \$ \_\_\_\_\_  
 Checking accounts: \$ \_\_\_\_\_  Money owed me: \$ \_\_\_\_\_

6. I have the following other assets:  
 Vehicle-Yr./Make: \_\_\_\_\_ \$ \_\_\_\_\_  Household furnishings: \$ \_\_\_\_\_  
 Vehicle-Yr./Make: \_\_\_\_\_ \$ \_\_\_\_\_  Equity in real estate: \$ \_\_\_\_\_  
 Other individual assets valued over \$200 each: \_\_\_\_\_ \$ \_\_\_\_\_

7. My household consists of myself and \_\_\_\_\_ others:  
 Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_ Under age 18  Yes  No  
 Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_ Under age 18  Yes  No  
 Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_ Under age 18  Yes  No  
 Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_ Under age 18  Yes  No  
 Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_ Under age 18  Yes  No

8. The other members of my household have gross monthly income totaling the amount of \$ \_\_\_\_\_ from  
 Wages  Social security  Relief funded under public assistance  Food stamps/FoodShare  
 Pension  Student loans/grants  Unemployment compensation  Supplemental security income  
 Disability  Relief funded under §59.53(21), Wisconsin Statutes  Support/maintenance  
 Other: \_\_\_\_\_

9. I have the following debts:

	Amount	Monthly Payment
a. Mortgage/Rent	\$ _____	_____
b. Auto loan	\$ _____	_____
c. Credit cards	\$ _____	_____
d. Other: _____	\$ _____	_____
_____	\$ _____	_____

10. I have the following unusual expenses, other than ordinary living expenses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that if my financial situation changes,  
I must notify the court immediately.

State of \_\_\_\_\_  
County of \_\_\_\_\_  
Subscribed and sworn to before me on \_\_\_\_\_

▶ \_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Public/Court Official

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Date of Birth

My commission/term expires: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

DISTRIBUTION:

- 1. Court
- 2. Defendant