

NEW YORK STATE
IGNITION INTERLOCK DEVICE PROGRAM - FINANCIAL DISCLOSURE REPORT
CONFIDENTIAL

FINANCIAL DISCLOSURE INSTRUCTIONS

IN ORDER TO BE PROCESSED AS AN APPLICATION FOR JUDICIAL CONSIDERATION OF FINANCIAL AFFORDABILITY, ALL INFORMATION REQUESTED ON THIS REPORT MUST BE COMPLETELY, PROPERLY AND ACCURATELY PROVIDED. DATED SIGNATURE OF THE DEFENDANT IS ALSO REQUIRED.

QUALIFYING INFORMATION SECTION *

DEFENDANT'S NAME LAST, FIRST, MI (MIDDLE INITIAL): ENTER DEFENDANT'S NAME.

ADDRESS: ENTER DEFENDANT'S MAILING ADDRESS

DEFENDANT'S LICENSE NUMBER: ENTER DEFENDANT'S DRIVER LICENSE NUMBER.

DATE OF BIRTH: ENTER DEFENDANT'S BIRTHDATE

LIVING ARRANGEMENTS AND LENGTH OF TIME IN CURRENT ARRANGEMENT: DESCRIBE THE DEFENDANT'S PRESENT LIVING ARRANGEMENT AND THE LENGTH OF TIME IN THIS LIVING ARRANGEMENT (E.G. HOMELESS, MARRIED LIVING WITH SPOUSE AND/OR CHILD(REN), SINGLE/DIVORCED/WIDOWED LIVING ALONE, SINGLE/DIVORCED/WIDOWED LIVING WITH CHILD(REN), SINGLE/DIVORCED/WIDOWED LIVING WITH PARENTS WITH OR WITHOUT CHILD(REN), CO-HABITATING, LIVING WITH RELATIVE(S) OTHER THAN SPOUSE OR PARENT).

LIST OTHER PEOPLE IN HOUSEHOLD: LIST ANY OTHER PEOPLE WHO LIVE IN THE SAME HOUSEHOLD WITH THE DEFENDANT, INCLUDING SPOUSE AND ANY DEPENDENTS.

EMPLOYMENT STATUS: CHECK THE APPROPRIATE RESPONSE. IF EMPLOYED, PROVIDE ALL INFORMATION REQUESTED IN THE "EMPLOYED" SECTION ONLY AND PROCEED TO THE "FINANCIAL REPORTING SECTION". DOCUMENTS THAT CAN BE USED AS VERIFICATION OF EMPLOYMENT INCLUDE A RECENT PAY STUB OR A COMPANY OR EMPLOYER LETTER. IF UNEMPLOYED, PROVIDE ALL INFORMATION REQUESTED IN THE "UNEMPLOYED" SECTION AND PROCEED TO THE "FINANCIAL REPORTING SECTION". DOCUMENTS THAT CAN BE USED AS VERIFICATION OF UNEMPLOYMENT INCLUDE BENEFITS STATEMENT/CHECK STUB FOR UNEMPLOYMENT BENEFITS, EMPLOYER LETTER, OR DISABILITY VERIFICATION.

FINANCIAL REPORTING SECTION **

**DO NOT LEAVE ANY SPACES BLANK. PLACE A ZERO IN THE APPROPRIATE SPACE
IF THE DEFENDANT HAS NO SUCH INCOME OR EXPENSES.**

A - MONTHLY INCOME FROM WAGES: ENTER TOTAL GROSS FOR ALL WAGES. THE FOLLOWING DOCUMENTS CAN BE USED AS VERIFICATION: PAY CHECK STUB, W-2 FORM OR EMPLOYER STATEMENT.

B - MONTHLY INCOME FROM OTHER SOURCES: ENTER ALL INCOME RECEIVED FROM SOURCES OTHER THAN EMPLOYMENT. ("RENTAL INCOME" REFERS TO INCOME RECEIVED FROM RENTAL PROPERTY THAT IS OWNED BY THE DEFENDANT.) THE FOLLOWING DOCUMENTS CAN BE USED AS VERIFICATION: PAYMENT STUB, MOST RECENT STATE OR FEDERAL TAX RETURN, BANK STATEMENT, COURT RECORDS, LETTERS FROM THE BENEFIT OFFICE REGARDING MONTHLY BENEFIT AMOUNT, ETC.

C - MISCELLANEOUS INCOME DURING PAST 12 MONTHS: SPECIFY ALL OTHER INCOME, REGARDLESS OF SOURCE.

D - CURRENT BALANCES: SPECIFY ALL TYPES AND AMOUNTS.

E - PERSONAL PROPERTY: LIST THE MARKET VALUE OF ALL PERSONAL PROPERTY OWNED.

F - MONTHLY EXPENSES: ENTER ALL MONTHLY EXPENSES AS APPROPRIATE. THE FOLLOWING DOCUMENTS CAN BE USED AS VERIFICATION: EXPENSE RECEIPTS, PAYMENT BOOK, MOST RECENT BILL.

SUBMIT 3 COPIES OF THIS COMPLETED REPORT TO THE SENTENCING COURT

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QUALIFYING INFORMATION SECTION *

DEFENDANT'S LAST NAME _____ FIRST NAME _____ MI _____

DEFENDANT'S LICENSE NUMBER _____ DATE OF BIRTH _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____
IF DIFFERENT _____

CITY _____ STATE _____ ZIP _____

	<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>VALUE</u>
VEHICLE ONE				
VEHICLE TWO				
VEHICLE THREE				

PROVIDE INFORMATION FOR EACH VEHICLE OWNED
**IF MORE THAN 3 VEHICLES PLEASE ATTACH ADDITIONAL SHEET WITH REQUIRED INFORMATION*

DESCRIBE LIVING ARRANGEMENTS _____

LENGTH OF TIME IN CURRENT ARRANGEMENT _____

OTHER PEOPLE LIVING IN HOUSEHOLD:

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>

EMPLOYMENT STATUS (CHECK ONE)

EMPLOYED

UNEMPLOYED

PLACE OF EMPLOYMENT _____

LENGTH OF UNEMPLOYMENT _____

ADDRESS _____

LAST PLACE OF EMPLOYMENT _____

POSITION _____

LAST EMPLOYMENT FROM _____

LENGTH OF TIME _____

TO _____

VERIFICATION DOCUMENT (SPECIFY & ATTACH) _____

VERIFICATION DOCUMENT (SPECIFY & ATTACH) _____

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FINANCIAL REPORTING SECTION **

A: MONTHLY INCOME FROM WAGES

SELF \$ _____
 SPOUSE \$ _____
 OTHER HOUSEHOLD MEMBERS \$ _____
 \$ _____
 HOW OFTEN IS DEFENDANT PAID? _____
 (WKLY, BI-WKLY, MNTHLY, BI-MNTHLY)

B: MONTHLY INCOME FROM OTHER SOURCES

PENSION INCOME \$ _____
 RENTAL INCOME \$ _____
 CERTIFICATES OF DEPOSIT \$ _____
 TRUSTS/STOCKS/BONDS \$ _____
 CHILD SUPPORT \$ _____
 SPOUSAL MAINTENANCE/ALIMONY \$ _____
 LEGAL SETTLEMENTS/AWARD \$ _____
 AFDC/FOOD STAMPS/RENTAL ASSISTANCE \$ _____
 WORKERS COMP \$ _____
 UNEMPLOYMENT COMP \$ _____
 COUNTY/CITY WELFARE \$ _____
 OTHER: _____ \$ _____
 _____ \$ _____
 _____ \$ _____

C: MISCELLANEOUS INCOME DURING PAST 12 MONTHS

LOTTERY \$ _____
 SWEEPSTAKE(S) \$ _____
 DISABILITY INSURANCE \$ _____
 BONUS \$ _____

WAGERING \$ _____
 LEGAL SETTLEMENT/AWARD \$ _____
 ANNUITY \$ _____

<u>SPECIFY</u>	<u>AMOUNTS</u>
OTHER _____	\$ _____
_____	\$ _____
_____	\$ _____

D: CURRENT ACCOUNT BALANCES

SAVINGS ACCOUNT \$ _____
 CHECKING ACCOUNT \$ _____
 INDIVIDUAL RETIREMENT ACCOUNT \$ _____

DEFERRED COMPENSATION ACCOUNT \$ _____
 TRUST ACCOUNT \$ _____
 OTHER ACCOUNTS (SPECIFY & AMOUNT) \$ _____

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E: PERSONAL PROPERTY

DO YOU OWN:

REAL ESTATE

LOCATION _____	VALUE \$ _____
LOCATION _____	VALUE \$ _____
LOCATION _____	VALUE \$ _____

REC VEHICLE/CAMPER

MAKE _____	VALUE \$ _____
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ATV 3/4 WHEEL

MAKE _____	VALUE \$ _____
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MOTORCYCLE

MAKE _____	VALUE \$ _____
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BOAT

MAKE _____	VALUE \$ _____
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MAKE _____	VALUE \$ _____
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PERSONAL PROPERTY (ELECTRONICS, ART, JEWELRY, FURNITURE, ETC.)

APPROXIMATE VALUE _____

F: MONTHLY EXPENSES

RENT/MORTGAGE \$ _____

WATER/SEWER \$ _____

HOME ELECTRIC/GAS \$ _____

FOOD \$ _____

TELEPHONE (LANDLINE) \$ _____

TELEPHONE (CELL) \$ _____

HEALTH/LIFE INSURANCE \$ _____

CHILD CARE \$ _____

AUTOMOBILE INSURANCE(S) \$ _____
SPECIFY NUMBER _____

AUTOMOBILE FUEL/GAS \$ _____

AUTOMOBILE LOAN(S) \$ _____
SPECIFY NUMBER _____

ALCOHOL \$ _____
CIGARETTES/OTHER TOBACCO PRODUCTS \$ _____

SPOUSAL MAINTENANCE/ALIMONY \$ _____

CABLE TELEVISION \$ _____

INTERNET SERVICE \$ _____

SATELLITE TV/RADIO \$ _____

BEEPERS/PAGERS \$ _____
SPECIFY NUMBER _____

MEDICAL PRESCRIPTIONS \$ _____

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F: MONTHLY EXPENSES CONTINUED *

	<u>SPECIFY BELOW:</u>	<u>AMOUNTS</u>
CREDIT CARD CHARGE(S)/OTHER	_____	\$ _____
LOAN AMOUNT(S)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
WORK RELATED TRAVEL	_____	\$ _____
RECREATION	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
OTHER EXPENSES	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

* ATTACH ADDITIONAL SHEET WITH REQUIRED INFORMATION IF MORE SPACE IS NECESSARY.

THE INFORMATION PRESENTED HEREIN IS TRUTHFUL AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

DEFENDANT SIGNATURE

DATE

PRINT NAME