

**INSTRUCTIONS**  
***APPLICATION FOR INTERLOCK DEVICE FUND SUBSIDY***  
***AND AFFIDAVIT OF INDIGENCY***

1. Be sure you are in the right Court. If you were convicted of DWI in Municipal Court, go to the Municipal Court where you were convicted. If you were convicted in Magistrate Court, go to the Magistrate Court where you were convicted. This is the District Court. If you were convicted of DWI in the District Court, you are in the right Court.
2. Type or print in ink all information you enter on this affidavit.
3. Write in:
  - a) your name as the Defendant
  - b) case number from your DWI conviction
4. In the 2<sup>nd</sup> paragraph, be sure to write in how long you are required to have an interlock device.
5. When you have finished filling in this Affidavit, you must sign the Affidavit **in front of a notary or other officer authorized to administer oaths**. You are swearing, under oath and penalty of perjury, that the information in the form is true and correct. **Make sure that the information IS true and correct.**
6. You must take your completed *Application For Interlock Device Fund Subsidy and Affidavit of Indigency* to Pretrial Services located at the District Court at 103 So. Oliver Dr. in Aztec within **7 days** of the date of your most recent pay check stub.
7. When you go to Pretrial Services you must also bring:
  - a) all papers you have that prove that you have entered correct information about your finances.
  - b) a copy of your most recent tax return or pay check stub.
8. If you do not provide a recent tax return or bring a recent pay check stub and other proof about your finances, you will not be eligible for an interlock device fund subsidy.
9. **PRETRIAL SERVICES WILL VERIFY THE INFORMATION YOU HAVE PROVIDED BEFORE YOU CAN FILE THE APPLICATION WITH THE COURT CLERK.**
10. When you file your application with the Court clerk, bring with you:
  - a) The *Determination of Eligibility for Interlock Device Fund Subsidy* form. Do not mark any boxes and do not sign this form. Just enter your name as the Defendant and the District Court Case number from your DWI conviction.
  - b) An envelope that is stamped and has your mailing address on it. After the Judge has reviewed your application, the Judge will enter a decision on the *Determination of Eligibility for Interlock Device Fund Subsidy* form and sign it. This is a Court Order and the Court will mail you a copy of the order in the envelope that you provide.

**STATE OF NEW MEXICO  
COUNTY OF SAN JUAN  
ELEVENTH JUDICIAL DISTRICT COURT**

**STATE OF NEW MEXICO,**  
Plaintiff,

v.

No. D-1116-CR

\_\_\_\_\_,  
Defendant.

**APPLICATION FOR INTERLOCK DEVICE FUND SUBSIDY  
AND AFFIDAVIT OF INDIGENCY**

I request that the Court enter an order permitting me to obtain free installation of an ignition interlock device, a reduction in the cost of the lease to one-half and free removal of the device, if applicable, pursuant to NMSA 1978 §66-8-102.3 (C) and give, upon my oath or affirmation the following statement.

I have been convicted of driving while under the influence of intoxicating liquor or drugs. By law (NMSA 1978 §66-1-102 (N)) I am required to have an ignition interlock device installed and operating for \_\_\_\_\_ year(s).

My marital status is: Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Widowed \_\_\_\_

**INFORMATION ABOUT MY FINANCES (check all that apply to you and fill in the blanks):**

**A. PUBLIC ASSISTANCE**

\_\_\_\_ I do not receive public assistance (If you check this blank, go directly to Section B EMPLOYMENT/UNEMPLOYMENT).

\_\_\_\_ I currently receive the following public assistance in \_\_\_\_\_ County (please check all applicable public assistance programs):

- Temporary Assistance for Needy Families (TANF)
- Food Stamps
- Medicaid
- General Assistance (GA)
- Supplemental Security Income (SSI)
- Social Security Disability Income (SSDI)
- Public Housing
- Disability Security Income (DSI)
- Department of Health Case Management Services (DHMS)
- Other (please describe \_\_\_\_\_)

**B. EMPLOYMENT/UNEMPLOYMENT**

\_\_\_ I am currently unemployed and have been unemployed for \_\_\_ months in the past year. I am unemployed because \_\_\_\_\_.

\_\_\_ I receive unemployment benefits in the amount of \$\_\_\_\_\_ per month.

\_\_\_ I have no income because I am unemployed.

\_\_\_ I am employed.

My employer's name, address and phone number is:

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

I am paid weekly \_\_\_; every other week \_\_\_; twice a month \_\_\_; once a month \_\_\_.

When I am paid, my net take-home pay minus deductions required by law like state and federal tax withholding and FICA is \$\_\_\_\_\_.

\_\_\_ I am married, and my spouse is unemployed and has been unemployed for \_\_\_ months in the past year because \_\_\_\_\_.

\_\_\_ My spouse receives unemployment benefits in the amount of \$\_\_\_\_\_ per month.

\_\_\_ I am married and my spouse is employed.

My spouse's employer's name, address and phone number is:

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

My spouse is paid weekly \_\_\_; every other week \_\_\_; twice a month \_\_\_; once a month \_\_\_.

### C. OTHER SOURCES OF INCOME

\_\_\_ I have income from another source not mentioned above.

\_\_\_ Child Support \$\_\_\_\_\_

\_\_\_ Alimony \$\_\_\_\_\_

\_\_\_ Investments \$\_\_\_\_\_

\_\_\_ Community property from my spouse \$\_\_\_\_\_

\_\_\_ Self-employment income or royalties \$\_\_\_\_\_

\_\_\_ Inheritance money \$\_\_\_\_\_

\_\_\_ Other \_\_\_\_\_ \$\_\_\_\_\_

\_\_\_ I do not have any other sources of income.

\_\_\_ I am married, and my spouse has income from another source not mentioned above.

\_\_\_ Child Support \$\_\_\_\_\_

\_\_\_ Alimony \$\_\_\_\_\_

\_\_\_ Investments \$\_\_\_\_\_

\_\_\_ Community property from my spouse \$\_\_\_\_\_

\_\_\_ Self-employment income or royalties \$\_\_\_\_\_

\_\_\_ Inheritance money \$\_\_\_\_\_

\_\_\_ Other \_\_\_\_\_ \$\_\_\_\_\_

\_\_\_ I am married, and my spouse does not have any other sources of income.

**D. OTHER ASSETS. (Please list other assets owned by you or your spouse that can be turned into cash. Do not include money you have in retirement accounts):**

Cash on hand \$ \_\_\_\_\_  
Bank accounts \$ \_\_\_\_\_  
Income tax refund \$ \_\_\_\_\_  
Other assets \$ \_\_\_\_\_ (Describe \_\_\_\_\_)  
Other assets \$ \_\_\_\_\_ (Describe \_\_\_\_\_)  
Other assets \$ \_\_\_\_\_ (Describe \_\_\_\_\_)

**IF YOU DO NOT HAVE ACCESS TO YOUR OWN OR YOUR SPOUSE'S INCOME OR ASSETS, EXPLAIN WHY.**

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**E. MONTHLY EXPENSES**

House Payment/Rent \$ \_\_\_\_\_  
Utilities \$ \_\_\_\_\_  
Telephone \$ \_\_\_\_\_  
Groceries (after food stamps) \$ \_\_\_\_\_  
Car Payment(s) \$ \_\_\_\_\_  
Gasoline \$ \_\_\_\_\_  
Insurance \$ \_\_\_\_\_  
Child Care \$ \_\_\_\_\_  
Student and Consumer Loans \$ \_\_\_\_\_  
Court-ordered family support obligations \$ \_\_\_\_\_  
Other court-ordered payment \$ \_\_\_\_\_  
Medical expenses \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_

**F. HOUSEHOLD**

I live at \_\_\_\_\_,  
and the head of the household is \_\_\_\_\_ (name).

Other than myself, the other members of the household are (add an additional sheet of paper if necessary):

<u>Name</u>	<u>Age</u>	<u>Employment</u>	<u>I Support</u>
_____	_____	_____	( )
_____	_____	_____	( )
_____	_____	_____	( )
_____	_____	_____	( )

List all vehicles, including work vehicles, that you drive. Add an additional sheet of paper if necessary. (This will be verified by Pretrial Services)

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Color</u>	<u>Own/do not own</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

***This statement is made under oath. I hereby state that the above information regarding my financial condition is correct to the best of my knowledge. I hereby authorize the Court to obtain information from financial institutions, employers, relatives, the federal internal revenue service and other state agencies. If at any time the Court discovers that information in this Application was false, misleading, inaccurate, or incomplete at the time the application was submitted, the Court may require me to repay the Interlock Device fund for money that was paid by the Interlock Device Fund to my ignition interlock provider.***

_____	_____
(Signature)	(Mailing address)
_____	_____
(Print name)	(City, State, Zip Code)
	_____
	(Telephone)

State of New Mexico )  
) )  
County of San Juan )

Signed and sworn to (or affirmed) before me on \_\_\_\_\_ (date) by \_\_\_\_\_  
\_\_\_\_\_ (name of applicant).

\_\_\_\_\_  
Judge, Notary or other officer authorized to administer oaths.

My commission expires; or title: \_\_\_\_\_

Reviewed by Pretrial Services \_\_\_\_\_ (initial) on \_\_\_\_\_ (date)

STATE OF NEW MEXICO  
COUNTY OF SAN JUAN  
ELEVENTH JUDICIAL DISTRICT COURT

STATE OF NEW MEXICO,  
Plaintiff,

v.

No. D-1116-CR

\_\_\_\_\_,  
Defendant.

**DETERMINATION OF ELIGIBILITY FOR  
INTERLOCK DEVICE FUND SUBSIDY**

**THIS MATTER**, comes before the Court upon the Defendant's Application For Interlock Device Fund Subsidy and Affidavit of Indigency. The Court being otherwise advised in the premises,

- FINDS** that the applicant is indigent for the purpose of the interlock device fund subsidy because:
- the applicant receives public assistance.
  - the applicant's annual income does not exceed one hundred fifty percent (150%) of the federal poverty guidelines.
- FINDS** that the applicant is not indigent for the purpose of the interlock device fund subsidy because of the applicant's available funds or annual income.

**IT IS THE DETERMINATION OF THIS COURT** that:

- The applicant is eligible for the interlock device fund subsidy as provided by statute FOR A PERIOD OF \_\_\_\_\_ year(s).
- The applicant is not eligible for the interlock device fund subsidy.
- Other: \_\_\_\_\_

**This order is subject to revision, modification or rescission by the judge assigned to this case.**

\_\_\_\_\_  
DISTRICT COURT JUDGE