



**FINANCIAL STATEMENT, AFFIDAVIT OF
INDIGENCY, AND REQUEST FOR REDUCED
IGNITION INTERLOCK DEVICE COSTS**

Case No. _____
Court _____
County _____
Division _____

COMMONWEALTH OF KENTUCKY

PLAINTIFF

VS.

DEFENDANT

Address: _____

Telephone: () _____

FINANCIAL STATEMENT:

1. Income:

Employed? Yes No
If Yes: Full-time Part-time Temporary/Seasonal Length of Employment: _____
Income from Employment:
 monthly biweekly hourly \$ _____
If No, date last employed: _____

Married? Yes No If Yes, Spouse Employed? Yes No
If Yes, Spouse's Income from Employment: monthly biweekly hourly \$ _____

Total Income from ALL other source(s) and amount received per month:
 Welfare: \$ _____ Food Stamps: \$ _____ Social Security/Disability: \$ _____
 Worker's Comp: \$ _____ Unemployment: \$ _____ Retirement: \$ _____
 Child Support/Maintenance: \$ _____ Stocks, Trusts, Bonds: \$ _____
 Child Care Assistance: \$ _____ Other : _____
Total Income from ALL other source(s): \$ _____
TOTAL MONTHLY INCOME: \$ _____

2. Property:

Own Real Estate? Yes No
If Yes, Value of Real Estate: \$ _____ Amount owed : \$ _____

Own Mobile Home? Yes No
If Yes, Value of Mobile Home: \$ _____ Amount owed : \$ _____

Own Personal Property:

Motor Vehicles in Operable Condition (including motor cycles, riding lawn mowers, ATVs, etc.):

Make/Model Year: _____ Value: \$ _____ Amount Owed: \$ _____
Make/Model Year: _____ Value: \$ _____ Amount Owed: \$ _____
Make/Model Year: _____ Value: \$ _____ Amount Owed: \$ _____

Bank Accounts: Yes No
If Yes, total balance of all accounts: \$ _____

Other Asset(s) (i.e., boat, jewelry, cash)

Asset type: _____ Value: \$ _____ Amount owed: \$ _____
Asset type: _____ Value: \$ _____ Amount owed: \$ _____

3. Dependents: [] Yes [] No

If Yes, Number of Dependent(s) (including children, elderly, or disabled): _____

Relationship of dependent(s): _____ Age(s) of Dependent(s) _____

4. Monthly Expenditures:

Mortgage payment/ Rent: [] Yes [] No

If Yes, amount of payment: \$ _____

Child support obligation: [] Yes [] No

If Yes, amount of payment: \$ _____

Other out-of-pocket monthly bills (FOR HOUSEHOLD):

[] utilities: \$ _____ [] water: \$ _____ [] telephone service (land or cell): \$ _____

[] internet service: \$ _____ [] cable/satellite: \$ _____ [] car payment: \$ _____

[] credit card payments: \$ _____

[] car/health/home owners/renters insurance payments: \$ _____

[] unreimbursed childcare: \$ _____ [] tuition: \$ _____ [] medical debts: \$ _____

[] student loan payments: \$ _____ [] Other Financial Obligations: \$ _____

Total of other out-of-pocket monthly bills: \$ _____

TOTAL MONTHLY EXPENDITURES: \$ _____

Request for Reduced Ignition Interlock Device Costs: I state to the court that I am without sufficient financial means or assets to pay the full amount of the costs associated with leasing or purchasing, installing, servicing and monitoring interlock device.

PERJURY WARNING: I understand that **knowingly** making **any false statement** in this Financial Statement, Affidavit of Indigency, and Request for Reduced Ignition Interlock Device Costs may subject me to the penalties for perjury as contained in KRS Chapter 523, **exposing me to a maximum sentence of five (5) years imprisonment.** I declare under the penalty of perjury that I have read or have had read to me the above Financial Statement and Affidavit of Indigency and that the information contained within is true, complete, and accurate to the best of my knowledge. I also further swear to timely inform the Court of any significant changes in any of the information in the above Affidavit of Indigency.

_____, 2_____
Date

Affiant's Signature

_____, 2_____
Date

Signature/Title of Officer Administering Oath