

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

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

**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)

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

**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) \$ \_\_\_\_\_

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

**E: PERSONAL PROPERTY**

DO YOU OWN:

REAL ESTATE

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

REC VEHICLE/CAMPER

MAKE		VALUE	\$
------	--	-------	----

ATV 3/4 WHEEL

MAKE		VALUE	\$
------	--	-------	----

MOTORCYCLE

MAKE		VALUE	\$
------	--	-------	----

BOAT

MAKE		VALUE	\$
------	--	-------	----

MAKE		VALUE	\$
------	--	-------	----

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) \$ \_\_\_\_\_

AUTOMOBILE FUEL/GAS \$ \_\_\_\_\_

SPECIFY NUMBER \_\_\_\_\_

AUTOMOBILE LOAN(S) \$ \_\_\_\_\_

ALCOHOL \$ \_\_\_\_\_

SPECIFY NUMBER \_\_\_\_\_

CIGARETTES/OTHER TOBACCO PRODUCTS \$ \_\_\_\_\_

SPOUSAL MAINTENANCE/ALIMONY \$ \_\_\_\_\_

CABLE TELEVISION \$ \_\_\_\_\_

INTERNET SERVICE \$ \_\_\_\_\_

SATELLITE TV/RADIO \$ \_\_\_\_\_

BEEPERS/PAGERS \$ \_\_\_\_\_

MEDICAL PRESCRIPTIONS \$ \_\_\_\_\_

SPECIFY NUMBER \_\_\_\_\_

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

**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