

# TN DUI Monitoring Indigent Application Process

Please see the new required information for the DUI Monitoring Indigency Fund. I have included attachments with the blank forms and highlighted forms. The highlighted forms are for reference guides only. The required duration must be on this application or the client will be denied for indigent funding by the TN Department of Treasury EMIF office.

1. **Uniform Affidavit of Indigency** -Please have the judge complete the Uniform Affidavit of Indigency form. You must provide proof of income to the judge.
2. **Order Regarding Indigency Determination for Purposes of Payment by the Electronic Monitoring Indigency Fund**- This must be completed and signed by the judge (*Not dated more than 80 days old*).
3. **Order For Restricted Driver License** - You are required to send in a copy of your ORDL We cannot use this form if it is marked as "Driver Requested." It must be signed by the judge and NOT dated by the judge more than 80 days old. Must have the court STAMP on the document.

Indigent funds do not cover violation fees, unauthorized removals, or services outside of the state of TN, Missed appointment fees, and bounty fees.

The Indigent office will not accept photos of the Indigent application or an application dated more than 80 days old. The client must fax the completed application to 865-770-3275 or email as a scanned pdf document to [TNIndigent@smartstartinc.com](mailto:TNIndigent@smartstartinc.com). This must be sent in before the interlock installation.

The TN Department of Treasury will not approve you for the Electronic Monitoring Indigent Fund if you are missing any of these documents or the documents are incomplete. Do not send partially completed documents, as this will delay the approval process. You will be responsible for all fees until approved by the TN Department of Treasury. Applications are only approved for 1 year and you are responsible for all fees after the year has ended unless we receive an approval for further funding from the EMIF office. If you are required to have the interlock longer by the TN DOS, we will automatically request this funding extension for you. You do not need to submit a new Indigent application.

Thank You,  
TNIndigent / Smart Start of TN  
[TNIndigent@SmartStartinc.com](mailto:TNIndigent@SmartStartinc.com)  
1-800-880-3394

**In order for the TN Department of Treasury EMIF to accept this form, all highlighted areas on both pages must be completed.**

IN THE \_\_\_\_\_ COURT FOR \_\_\_\_\_ COUNTY

STATE OF TENNESSEE

vs.

Case/Docket No. \_\_\_\_\_

or

Warrant No. \_\_\_\_\_

Defendant

DOB: \_\_\_\_\_

**UNIFORM AFFIDAVIT OF INDIGENCY**  
**FOR PURPOSES OF ELECTRONIC MONITORING INDIGENCY FUND**  
**(T.C.A. § 55-10-419)**

Comes the defendant and, subject to the penalty of perjury, makes oath to the following facts (please list, circle, complete, etc.):

1. Full name: \_\_\_\_\_  
List any other names you have used: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Telephone Nos.: (Home/Cell) \_\_\_\_\_ (Work) \_\_\_\_\_
4. Are you working? ( ) Yes ( ) No If yes, where? \_\_\_\_\_
5. How much money do you make? \$ \_\_\_\_\_ per hour/day/week/month/year (circle one)
6. Do you have any income other than the income listed above? ( ) Yes ( ) No  
If yes, list the total amount. \$ \_\_\_\_\_  
Remember, possible sources include, but are not limited to the following: interest, gifts, AFDC, SSI, social security, retirement, disability, pension, unemployment, alimony, and workers' compensation.
7. Your total annual income after taxes is \$ \_\_\_\_\_
8. Number of persons in your family/household: \_\_\_\_\_
9. Acknowledging that I am still under oath, I certify that I have listed above all income I receive.
10. By signing this form, I agree to file a copy of my most recent income tax return if requested by the court.
11. I understand that, pursuant to the perjury offense set out in T.C.A. § 39-16-702, it is a Class A misdemeanor for which I can be sentenced to jail for up to 11 months, 29 days or be fined up to \$2,500, or both, if I intentionally misrepresent, falsify or withhold any information required in this affidavit. I also understand that I may be required by the Court to produce other information in support of my request to be declared indigent for purposes of using the electronic monitoring indigency fund.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Defendant

Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Judge/Clerk

# Order Regarding Indigency Determination for Purposes of Payment by the Electronic Monitoring Indigency Fund

\_\_\_\_ I hereby find that the above-named defendant is NOT indigent and does not qualify for financial assistance to pay costs associated with a functioning ignition interlock device, transdermal monitoring device, or alternative alcohol or drug monitoring device.

OR

**This must be checked by the Judge or the TN Treasury will deny indigent funds to client.**



\_\_\_\_ I hereby find that the above-named defendant receives an annual income, after taxes, of 185% or less of the poverty guidelines updated periodically in the federal register by the United States Department of Health and Human Services under the authority of 42 U.S.C. § 9902(2), and that the defendant is therefore indigent and, subject to availability of funds, qualifies for financial assistance to pay costs associated with a functioning ignition interlock device, transdermal monitoring device, or alternative alcohol or drug monitoring device.

**If defendant is declared indigent, complete the next sections:**

1. \_\_\_\_ Defendant is found to have the ability to pay a portion of the costs associated with the required device, and is ordered to pay \$\_\_\_\_\_, pursuant to T.C.A. §55-10-419(b).

\_\_\_\_ Costs associated with the required device in the amount of \$\_\_\_\_\_, (not to exceed \$200/month, per device) will be reimbursed to the provider by the electronic monitoring indigency fund.

The total cost of the required device is \$\_\_\_\_\_

**Helpful Hints:**  
Installation: \$150 max  
Removal: \$75 max,  
Other fees are the responsibility of the client.

2. Length of time the defendant is ordered to use/wear the device: \_\_\_\_\_

**Length of Time:**  
1st DUI: 365 days  
2nd DUI: 2 years  
3rd DUI: 6 years  
4th+: 8 years

3. Number of devices the defendant is ordered to use/wear: \_\_\_\_\_

4. Type of device(s) ordered:

- Ignition interlock device
- Transdermal monitoring device
- Other alternative alcohol or drug monitoring device (List type of device: \_\_\_\_\_)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Judge

**\*\*\*\*\* The defendant must submit a copy of this form to the device provider before installation of the ignition interlock device, transdermal monitoring device, or alternative alcohol or drug monitoring device; and the device provider must submit a copy of this form to the state treasurer prior to being reimbursed, along with a copy of the signed court order indicating that the use of the device(s) has been ordered by the Court. Pursuant to T.C.A. § 55-10-419(a)(1)(C), no more than two hundred dollars (\$200.00) per month shall be expended from the fund to pay the costs associated with the device.**



STATE OF TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
ORDER FOR RESTRICTED DRIVER LICENSE

(MUST BE COMPLETED BY THE COURT OF JURISDICTION)

IF YOU HELD A VALID/NON-EXPIRED DRIVER LICENSE ON THE DATE THIS ORDER WAS ISSUED, THE ORDER CAN BE USED AS A 10-DAY TEMPORARY RESTRICTED LICENSE. YOU MUST APPLY AT A DRIVER SERVICE CENTER FOR A RESTRICTED LICENSE - INSTRUCTIONS ON BACK.

Form with fields: STATE OF TN vs. (full name), DRIVER LICENSE NO., DATE OF ARREST, CONVICTION DATE, DATE OF BIRTH, CHARGE, COURT, COUNTY, DISPOSITION, OFFENSE #, PENDING DUI CHARGE, DOCKET NO.

Must complete all highlighted areas or paperwork will be denied by the Tennessee Department of Treasury EMIF office ORDER

Upon application of the Defendant for a restricted driver license, it appears to the Court that the Defendant has been:

- Convicted of, or pending action for, DUI (TCA 55-10-401) and does not have a prior conviction of aggravated vehicular homicide, vehicular homicide, aggravated vehicular assault, or vehicular assault, or a similar offense in another state, and the offense was not the proximate cause of death or serious bodily injury to another person (TCA 55-10-409(a))
Suspended under the implied consent law (TCA 55-10-407 & 55-10-408)
Revoked for a conviction of drag racing (TCA 55-10-502)
Suspended for an 18-20 alcohol violation by a minor (TCA 57-5-301) or a violation of the drug free youth act (TCA 55-10-701)
Suspended for a conviction of driving away from fuel pump without paying for fuel (TCA 39-14-151)

It further appears to the Court that the Defendant needs a restricted driver license for the purposes set forth in TCA 55-10-409 and TCA 55-50-502(c)(3). This restricted license is temporary and subject to revocation, if the Department determines you are not eligible pursuant to the above statutory laws. This is only valid until the Department has had an opportunity to make a final determination of eligibility for a restricted license.

IGNITION INTERLOCK DEVICE (IID) REQUIRED?

FAILURE TO MARK APPROPRIATE BOXES WILL RESULT IN DENIAL BY THE DEPARTMENT UNTIL A CORRECTED COURT ORDER IS RECEIVED

Large form section for Ignition Interlock Device (IID) requirements, including 'NO, IGNITION INTERLOCK NOT REQUIRED' and 'YES, IGNITION INTERLOCK REQUIRED' sections with various checkboxes and text boxes.

(Note to IID Provider: An IID Provider shall not install an IID until the above information is supplied by the Court)

GEOGRAPHIC RESTRICTIONS

Information below must also be completed on all other convictions requiring geographic restrictions. Furnish complete name and address (street #, street name, city & state) of each location being requested. If you have geographic restrictions, these are the ONLY locations and/or dates/times you will be authorized to operate a motor vehicle. Your correct home address should appear on your restricted driver license.

Table for Geographic Restrictions with columns for location type (Employer, College/University, etc.), Name, and Address. Includes a section for Permitted Days and Permitted Driving Hours.

It is therefore ORDERED that the Defendant be issued a restricted driver license for the purposes and with the conditions set forth above, subject to state laws and the rules and regulations of the Department of Safety and Homeland Security of the State of Tennessee.

Final signature line with fields for DATE, JUDGE'S SIGNATURE, and COURT NAME & SEAL/STAMP.

# United States Department of Health and Human Services

## 2019 Poverty Guidelines

<u>Persons in Family/Household</u>	<u>Poverty Guideline</u>	<u>185%</u>
1	\$12,490	\$23,106
2	\$16,910	\$31,283
3	\$21,330	\$39,460
4	\$25,750	\$47,637
5	\$30,170	\$55,814
6	\$34,590	\$63,991
7	\$39,010	\$72,168
8	\$43,430	\$80,345

For families/households with more than 8 persons, add \$4,420 for each additional person.