

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.
2. **Order Regarding Indigency Determination for Purposes of Payment by the Electronic Monitoring Indigency Fund**- This must be completed by the judge and is page 2 of the Indigent application.
3. **Order For Restricted Driver License**- You are required to send in a copy of your Order For Restricted Driver License form that you received at the time of your conviction. We cannot use this form if it is marked as "Driver Requested."
4. **TN DMV Requirements letter & Court Certification**– Both of these documents are only needed if you are NOT able to get an Order For Restricted Driver license form.
One of these forms MUST state interlock required and list the interlock requirement duration.
 - **TN Requirements letter** -Please contact the TN Department of Safety to obtain a copy of your TN Requirements letter or go to <https://dl.safety.tn.gov>
 - **Court Certification** - Please contact the court of your conviction to obtain the **Court Certification** (see attachment). The court certification must be completed with no blank lines and signed by the judge or the clerk at the court of your conviction.

Scan and email all documents in pdf format to TNIndigent@smartstartinc.com. We cannot use documents sent as an image. You may also fax them to 615-452-4550.

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 you submit a new Affidavit of Indigency along with your court documents showing the need for more than one year of coverage.

Indigent funds do not cover violation fees or services outside of TN.

Thank You,
TNIndigent / Smart Start of TN
TNIndigent@SmartStartinc.com
1-800-880-3394

In order for the TN Department of Treasury 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 or the TN Department of 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.

Helpful Hints:
Installation: \$150 max
Removal: \$75 max
Monthly service: \$100 max
Other fees are the responsibility of the client.

The total cost of the required device is \$_____.

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

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

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

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.

STATE OF TN vs. (full name)		DRIVER LICENSE NO:
DATE OF ARREST:	CONVICTION DATE:	DATE OF BIRTH:
CHARGE:	COURT:	COUNTY:
DISPOSITION:	OFFENSE #	<input type="checkbox"/> PENDING DUI CHARGE
		DOCKET NO:

Must complete all highlighted areas or paperwork will be denied by the Tennessee Department of Safety 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

<p>NO, IGNITION INTERLOCK NOT REQUIRED</p> <p><i>Court Findings (must be recorded):</i></p> <p><input type="checkbox"/> IMPLIED CONSENT WITH NO PRIORS TCA 55-10-409(b)(2)(B)(iv)</p> <p><input type="checkbox"/> DUI BAC IS NOT .08% OR ABOVE <u>AND</u> NO DRUGS BAC _____%</p> <p><input type="checkbox"/> DUI DID NOT INVOLVE ALCOHOL</p> <p>AND (all below must be true to waive requirement)</p> <p><input type="checkbox"/> NO ACCIDENT DUE TO DUI</p> <p><input type="checkbox"/> NO PERSON UNDER 18 IN VEHICLE</p> <p><input type="checkbox"/> NO PRIOR DUI WITHIN 10 YEARS</p> <p>GEOGRAPHIC RESTRICTIONS BELOW MUST BE FILLED OUT</p>	<p>YES, IGNITION INTERLOCK REQUIRED (mark all that apply)</p> <p><input type="checkbox"/> YES, DUI BAC .08% OR HIGHER TCA 55-10-409(b)(2)(B)(i)</p> <p><input type="checkbox"/> YES, DUI WITH ANY BAC <u>AND</u> DRUGS TCA 55-10-409(b)(2)(B)(i)</p> <p><input type="checkbox"/> YES, PERSON UNDER 18 IN VEHICLE TCA 55-10-409(b)(2)(B)(ii)</p> <p><input type="checkbox"/> YES, ACCIDENT DUE TO DUI TCA 55-10-409(b)(2)(B)(iii)</p> <p><input type="checkbox"/> YES, VIOLATION OF IMPLIED CONSENT AND PRIOR CONVICTION (PAST FIVE YEARS) FOR TCA 55-10-409(b)(2)(B)(iv)</p> <p><input type="checkbox"/> YES, PRIOR DUI WITHIN 10 YEARS</p> <p style="padding-left: 20px;"><input type="checkbox"/> TCA 55-10-409(b)(1)(B)(i) <input type="checkbox"/> TCA 55-10-409(d)(2)</p> <p><input type="checkbox"/> YES, DRIVER REQUESTED TCA 55-10-409(b)(2)(C) ← Cannot be checked if applying for indigent funding.</p> <p><input type="checkbox"/> YES, COURT DISCRETION</p> <p style="padding-left: 20px;"><input type="checkbox"/> TCA 55-10-409(b)(2)(D) or <input type="checkbox"/> TCA 55-50-502(c)(4)</p> <p style="padding-left: 20px;"><input type="checkbox"/> TCA 55-10-409(b)(1)(A)(ii) <input type="checkbox"/> TCA 55-50-502(c)(3)</p> <p>If IID required, probation is also required per TCA 55-10-417(a)(3)</p> <p>Probation Officer _____ Phone _____</p> <p><input type="checkbox"/> GEOGRAPHIC RESTRICTIONS ARE ALSO REQUIRED AND ARE LISTED BELOW</p>
<p>Interlock required after reinstatement: <input type="checkbox"/> Yes <input type="checkbox"/> No : <input type="checkbox"/> TCA 55-10-417(a)(1) Time _____ (months) or <input type="checkbox"/> TCA 55-10-417(k) (6 months)</p> <p align="center">(Note to IID Provider: An IID Provider shall not install an IID until the above information is supplied by the Court)</p>	

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.

<input type="checkbox"/> Employer	Address:
	Type of Employment:
<input type="checkbox"/> College/University	Name:
	Address:
<input type="checkbox"/> Court Ordered Alcohol Safety Program	Name:
	Address:
<input type="checkbox"/> Meeting/Function with Probation Officer	Name:
	Address:
<input type="checkbox"/> Regular Place of Worship	Name:
	Address:
<input type="checkbox"/> Scheduled Interlock Monitoring Appointment	Name:
	Address:
<input type="checkbox"/> Outpatient Alcohol/Drug Treatment Program	Name:
	Address:
<input type="checkbox"/> Home (If not address on Driver License)	Address:

Permitted Days: Sun Mon Tues Wed Thurs Fri Sat

Permitted Driving Hours: (State from time you leave home until return): _____ AM to _____ PM

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.

DATE	JUDGE'S SIGNATURE	COURT NAME & SEAL/STAMP

COURT CERTIFICATION

Defendant: _____

Driver license number: _____ **Date of Birth:** _____

Date of Offense: _____ **Date of Conviction:** _____

Type of Violation: _____

Name of Court: _____ **County:** _____

Court Phone No: _____ **Docket No:** _____

Is an alcohol monitoring device required? YES: _____ **NO:** _____

Type of device: _____ **List the required duration of the alcohol monitoring device:** _____

_____ **Ignition Interlock**

_____ **In home mobile**

_____ **Other**

Check one: _____ **All Fines and cost were paid in full, or**

_____ **Waived as a result of Indigence**

This receipt certifies that in addition to all other requirements of law, all fines and costs for this violation have been satisfied. T.C.A. 55-50-303

Signature of Judge/Clerk

Date

Only this form or the equivalent completed by the court of Jurisdiction will serve as acknowledgment of court compliance. The Department of Safety cannot accept cash register Receipts, copies of money orders, canceled checks, or print outs, etc. as proof of payment to the court.

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.