

COUNTY MONITORS' REPORT OF IGNITION INTERLOCK DEVICE SENTENCING ORDERS RECEIVED AND INSTALLATION STATUS

County: _____

Agency (ies) Reporting: _____

Contract #: _____

Quarter/Year (Check &

- Jan. thru Mar.
- Apr. thru June
- July thru Sept.
- Oct. thru Dec.

Operator Information for all Sentencing Orders Received

Court Ordered Device Information

Installation Information

	Last Name	First Name	MI	DOB (MM/DD/YYYY)	NYSID (if avail.)	Driver's License #	Sentence Date (MM/DD/YYYY)		Court Ordered Device Information			Installation Information	
									# Full Pay Ordered	# Payment Plan Ordered	# Cost Waived Ordered	IID Installed (yes = 1, no = 0)	IID Class (enter 1, 2, or 3)
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
	0						Unit Totals		0	0	0		0

Quarterly Total Ordered _____ (add all sheets)

Installation Summary by Class

Class 1=	<u>0</u>
Class 2=	<u>0</u>
Class 3=	<u>0</u>

I certify that the above expenditures were made in accordance with the pertinent grant, are appropriate to the goals and objectives of the project described therein, and are not duplicative of expenditures claimed on any other grants.

Signature _____

Dated _____

Title _____

Phone # _____