

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

[write the county in which your case was heard]

\_\_\_\_\_, Plaintiff

-VS-

\_\_\_\_\_, Defendant

Case No. \_\_\_\_\_  
[write the case number from the case that ordered you to install ignition interlock devices]

## Petition to Exempt Vehicles from Ignition Interlock Requirement

I am the defendant. I understand that I may only operate a vehicle that has an ignition interlock device (IID) installed.

I have or will have an IID installed in the following vehicles:

Year	Make	Vehicle ID Number (VIN)	License Plate

I ask the Court to exempt the following vehicles from the IID installation requirement:

Year	Make	Vehicle ID Number (VIN)	License Plate
Reason for exemption [select one]: <input type="checkbox"/> Junked <input type="checkbox"/> Sold <input type="checkbox"/> Inoperable <input type="checkbox"/> Other [if Other is checked, explain below]			

Year	Make	Vehicle ID Number (VIN)	License Plate
Reason for exemption [select one]: <input type="checkbox"/> Junked <input type="checkbox"/> Sold <input type="checkbox"/> Inoperable <input type="checkbox"/> Other [if Other is checked, explain below]			

Year	Make	Vehicle ID Number (VIN)	License Plate
Reason for exemption [select one]: <input type="checkbox"/> Junked <input type="checkbox"/> Sold <input type="checkbox"/> Inoperable <input type="checkbox"/> Other [if Other is checked, explain below]			

Year	Make	Vehicle ID Number (VIN)	License Plate
Reason for exemption [select one]: <input type="checkbox"/> Junked <input type="checkbox"/> Sold <input type="checkbox"/> Inoperable <input type="checkbox"/> Other [if Other is checked, explain below]			

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Year	Make	Vehicle ID Number (VIN)	License Plate
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Year	Make	Vehicle ID Number (VIN)	License Plate
Reason for exemption [select one]: <input type="checkbox"/> Junked <input type="checkbox"/> Sold <input type="checkbox"/> Inoperable <input type="checkbox"/> Other [if Other is checked, explain below]			

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☐ **ADDITIONAL INFORMATION IS ATTACHED**

[You may attach documents that list additional vehicles or support your request]

I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.

Signature

Print or type name

Mailing address

City, state, zip code

Email address

Telephone number

Date

State Bar No. (if any)

DISTRIBUTION:

1. Court
2. Defendant