

Ulster County Ignition Program

I, _____, residing at _____
Print Name Street Address

_____, Depose and swear that;
City, State, Zip Code

I understand that on _____, _____,
Conviction Date Offender Full Name

_____ Was convicted of _____,
Offender Date of Birth Offense

In _____ court and sentenced to _____,
Court Name Years / Months

of Probation Supervision / Conditional Discharge. I also understand that one of the conditions of said Probation Supervision / Conditional Discharge is that

_____ comply with Ignition Interlock conditions.
Offender Full Name

I, as the registered owner of _____, _____
Registration Make and Model

And I am the primary operator of this vehicle. I swear that I will not permit _____ access to this vehicle. I understand the allowing
Offender Full Name

_____ access to this vehicle may result in criminal and or civil law action to be taken against me.
Offender Full Name

The above is true and accurate to the best of my knowledge. I understand that to present an instrument containing a false statement to a public official or servant, knowing that it will become part of the records of said public official or servant is a class A misdemeanor and may result in a period of incarceration not to exceed one year.

Signature _____

Print Name _____

Sworn to before me this _____ day, 20_____

Notary Public

Docket _____
CJTN _____
Official Use Only