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## **GPS - Indigent Application Process**

The State of Tennessee has created an Electronic Monitoring Indigency Fund (also known as the EMIF) which provides financial assistance and reimbursement for indigent participants who are required by a Court to until a GPS Monitoring Device. Each County may elect to participate in the program provided they agree to contribute funds to the Fund. Not all counties have elected to participate in the Program.

In Order to QUALIFY to receive financial assistance from the EMIF, the Participant must be CHARGED or CONVICTED of a "Qualifying Charge," be "Ordered" by a Judge or Magistrate/Commission to utilize a GPS Tracking Device, and must meet the eligibility requirements declaring the Participant "Indigent for Purposes of the EMIF."

"Qualifying Charges" include the following:		
☐ Stalking		
☐ Domestic Assault		
☐ Rape		
☐ Sexual Battery		
☐ Violation of an Order of Protection		

The following documents SHALL be provided in order to submit a Request for Qualification to the TN Department of Treasury.

- 1. <u>Uniform Affidavit of Indigency</u> Please note that the Judge is Required to sign in two (2) separate areas of the Affidavit.
- 2. <u>Order Requiring the Use of a GPS Tracking Device</u> This may be a Bond Conditions Order, a Settlement Agreement, Disposition Form, or Plea Form
- 3. **Documentation indicating a Qualifying Charge** 
  - Copy of Arrest record, arrest warrant, or police report indicating charges, or
  - If convicted, a copy of the Post Conviction Order, Settlement Agreement, Disposition Form, or Plea Form

Once completed, Scan and email all documents in pdf format to <a href="mailto:GPS@InterlockXpress.com">GPS@InterlockXpress.com</a>. 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 incurred for the use of the device 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.

IN TH	HECOURT FORCOUNTY				
STATE OF TENNESSEE					
	vs. Case/Docket No				
	or Warrant No.				
Defen DOB:					
	UNIFORM AFFIDAVIT OF INDIGENCY FOR PURPOSES OF ELECTRONIC MONITORING INDIGENCY FUND (T.C.A. § 55-10-419)				
list, circ	Comes the defendant and, subject to the penalty of perjury, makes oath to the following facts (please le, complete, etc.):				
	Full name:				
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. \$				
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.				
	Thisday of Signature of Defendant				
	Sworn to and Subscribed before me this day of				
	Signature of Judge/Clerk				

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Authority: T.C.A. § 55-10-419(e)

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

Judge must check one of the following:

	I hereby find that the above-named defendant is <b>NOT</b> indigent and does not qualify for financial assistance to pay costs associated with a functioning ignition interlock device, transdermal monitoring device, other alternative alcohol or drug monitoring device, or global positioning monitoring device.
	OR
$\rightarrow$	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, other alternative alcohol or drug monitoring device, or global positioning monitoring system.
	If defendant is declared indigent, the Judge must 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).
$\longrightarrow$	Costs associated with the required device in the amount of \$200.00, [not to exceed \$200/month, per device, pursuant to T.C.A. §55-10-419(a)(1)(B)] may be reimbursed to the provider by the electronic monitoring indigency fund if eligible.
	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:
	4. Type of device(s) ordered:
	Ignition interlock device Transdermal monitoring device Other alternative alcohol or drug monitoring device (List type of device:
$\rightarrow$	Global positioning monitoring system
	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, other alternative alcohol or drug monitoring device, or global positioning monitoring devices; 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)(B), no more than two hundred dollars (\$200.00) per month shall be expended from the fund to pay the costs associated with the device.

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Authority: T.C.A. § 55-10-419

## United States Department of Health and Human Services 2019 Poverty Guidelines

Persons in Family/Household	Poverty Guideline	<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.

Source: U.S. Department of Health & Human Services

Poverty Guidelines for the 48 Contiguous States and the District of Columbia

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