



GPS@InterlockXpress.com 615-852-6508 Office 615-452-4550 Facsimile

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 utilize 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. **Uniform Affidavit of Indigency** - Please note that the Judge is Required to sign in two (2) separate areas of the Affidavit.
2. **Order Requiring the Use of a GPS Tracking Device** - 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 GPS@InterlockXpress.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 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.

The EMIF will NOT PAY more than \$200.00 per month for a GPS Device.

Any additional fees are the responsibility of the Participant.

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

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.