

**STATE OF NEW YORK : COUNTY OF GENESEE
CITY OF BATAVIA : CITY COURT**

People of the State of New York,
Plaintiff,

vs.

**IGNITION INTERLOCK
AFFIDAVIT OF MOTOR VEHICLE(S)**

Docket No. _____

Defendant,

**STATE OF NEW YORK)
COUNTY OF GENESEE)
CITY OF BATAVIA) SS:**

_____, being duly sworn, deposes and says:

1. That I am the Defendant in the above-captioned matter and have been convicted of a violation of Vehicle and Traffic Law 1192(2)(a) or (b), 1192(2) or 1192(3) and make this affidavit regarding the installation and use of the ignition interlock device.
2. That your deponent indicates to the court that he/she owns, leases, uses, operates or has access to a motor vehicle(s) and the vehicle(s) make, model, year, color, VIN#, the plate number and insurance company is listed on the schedule "A" attached hereto and made a part hereof.
3. That I am not the owner of or part owner of or have any controlling interest in any business, nor do I intend to operate any business vehicle in the scope of my employment which would require an ignition interlock device.
4. That I acknowledge that I must have installed in the motor vehicle(s) listed an ignition interlock device within ten (10) business days of the date of the sentence in my case.
5. I understand that I am making this Affidavit under penalty of perjury and will be filing this instrument with the court as true and accurate.

DEFENDANT

Sworn to before me this
_____ day of _____, 20____

Batavia City Court Judge

Vehicle #1

Owner: _____

Vehicle Make: _____

Model: _____

Year: _____

Color: _____

V.I.N.: _____

Plate Number: _____

Insurance Company: _____

Vehicle #2

Owner: _____

Vehicle Make: _____

Model: _____

Year: _____

Color: _____

V.I.N.: _____

Plate Number: _____

Insurance Company: _____

Vehicle #3

Owner: _____

Vehicle Make: _____

Model: _____

Year: _____

Color: _____

V.I.N.: _____

Plate Number: _____

Insurance Company: _____

Vehicle #4

Owner: _____

Vehicle Make: _____

Model: _____

Year: _____

Color: _____

V.I.N.: _____

Plate Number: _____

Insurance Company: _____