

IN THE ASHTABULA COUNTY COURTS  
WESTERN DIVISION - GENEVA, OHIO

|                |   |   |
|----------------|---|---|
| STATE OF OHIO  | ) | CASE NO:  |
| CITY OF GENEVA | ) |   |
|                | ) | (list all cases that apply to motion)           |
| PLAINTIFF,     | ) |   |
|                | ) |   |
| VS             | ) | JUDGE DAVID A. SCHROEDER                        |
|                | ) |   |
|                | ) | <b><u>MOTION FOR 3 DAYS JAIL IN LIEU OF</u></b> |
| DEFENDANT      | ) | <b><u>DRIVER INTERVENTION PROGRAM</u></b>       |

Now comes Defendant and requests this Court to grant a sentence of 3 days in jail in lieu of the previously sentenced 72 Hour Driver Intervention Program in the above mentioned case(s) for the following reason(s):

Include Financial Affidavit if income is reason for request

Respectfully Submitted

\_\_\_\_\_  
Defendant Signature/Attorney for Defendant

Address:

Phone:

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of the foregoing motion was served upon the

State of Ohio Prosecutor, 25 West Jefferson Street, Jefferson, Ohio 44047

OR

City of Geneva Solicitor, 44 North Forrest St, Geneva, Ohio 44041

Through  Hand Delivery/Personal Service  Regular U.S. Mail this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Official Use Only

\_\_\_\_\_  
Defendant

If applicable, Prosecutor's Recommendation:  Grant  Deny  Other, \_\_\_\_\_

\_\_\_\_\_  
Prosecutor Date

**Court Order**

Denied  Granted, and defendant is now required to obtain a comprehensive alcohol/drug evaluation and comply with any recommended followup. A commitment of 3 days is to issue.

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
David A. Schroeder, Judge Ashtabula County Courts, Western Division Date

**Probation Officer:**

| I PERSONAL INFORMATION |                        |                                 |     |
|------------------------|------------------------|---------------------------------|-----|
| Name/Applicant         | Social Security Number | D O B                           |     |
| Mailing Address        | City                   | State                           | Zip |
| Case No                | Phone                  | Message Phone (within 48 hours) |     |

| II OTHER PERSONS LIVING IN HOUSEHOLD |       |              |      |       |              |
|--------------------------------------|-------|--------------|------|-------|--------------|
| Name                                 | D O B | Relationship | Name | D O B | Relationship |
| 1)                                   |       |              | 3)   |       |              |
| 2)                                   |       |              | 4)   |       |              |

| III INCOME AND EMPLOYMENT INFORMATION   |                |        |              |
|---|----------------|--------|--------------|
| Type of Income  | Applicant/Self | Spouse | Total Income |
| Gross (before taxes) monthly income   |                |        |              |
| Unemployment, Worker's Compensations, Child Support and other types of INCOME |                |        |              |
| Total Income  |                |        |              |

Employer's Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
 Employer's Address/City/State/Zip: \_\_\_\_\_

| V LIQUID ASSETS                          |                 |
|--|-----------------|
| Type of Asset                            | Estimated Value |
| Checking, Savings, Money Market Accounts | \$              |
| Stocks, Bonds, CD's                      | \$              |
| Other Liquid Assets or Cash on Hand      | \$              |
| Total Liquid Assets                      | \$              |

| VI MONTHLY EXPENSES  |        |   |        |
|--|--------|---|--------|
| Types of Expense   | Amount | Types of Expense                              | Amount |
| Child Support Paid Out   |        | Telephone                                     |        |
| Child Care (if working only)   |        | Transportation for work/Fuel                  |        |
| Insurance  |        | Taxes Withheld or Owed                        |        |
| Medical/Dental Expenses or Associated Costs of Caring for Infirm Family Member |        | Credit Cards, Other Loans                     |        |
| Rent/Mortgage  |        | Utilities (Gas, Electric, Water/Sewer, Trash) |        |
| Food   |        | Other (specify)                               |        |
| Expenses   | \$     | Expenses                                      | \$     |

| VII Determination of Indigency   |   |
|--|---|
| <b>Total Income</b><br><b>Total Liquid Assets</b><br><b>Total Expenses</b><br><b>Total Adjusted Income</b> | I hereby swear that the information I have provided is true and accurate.<br>_____<br>Applicant/Signature <span style="float: right;">_____</span><br><span style="float: right;">Date</span> |

|   |  |
|---|--|
| <p><b>Notary Public/Individual Authorized to Administer Oath:</b><br/>                 Subscribed and duly sworn before me according to law, by the above named applicant this _____ day of _____ 20 ____.</p> <p>_____<br/>                 Signature <span style="float: right;">_____</span><br/> <span style="float: right;">Title</span></p> | <p>Approval/Denial of request by Judge: ( ) Approved ( ) Denied</p> <p>_____</p> <p>_____<br/>                 Judge <span style="float: right;">_____</span><br/> <span style="float: right;">Date</span></p> |
|---|--|