

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 MICHELLE M. FISHER
)	
)	<u>MOTION FOR 3 DAYS JAIL</u>
)	<u>IN LIEU OF</u>
DEFENDANT)	<u>DRIVER INTERVENTION PROGRAM</u>

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: _____

Michelle M. Fisher, Judge Ashtabula County Courts, Western Division

Date

Jail in Lieu of DIP: \$25.00 due at time of filing

Assigned Probation Officer: _____

Probation Officer: _____

1. 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

Total Income Total Liquid Assets Total Expenses Total Adjusted Income	_____ + _____ - _____ = _____	I hereby swear that the information I have provided is true and accurate. _____ Date _____ Applicant/Signature
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Notary Public/Individual Authorized to Administer Oath: Subscribed and duly sworn before me according to law, by the above named applicant this _____ day of _____ 20 _____. _____ Signature Title	Approval/Denial of request by Judge: () Approved () Denied _____ Judge Date
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