

IGNITION INTERLOCK DEVICE - COURT ORDER

TO: DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTORIST SERVICES, BUREAU OF RECORDS
NEIL KIRKMAN BUILDING, TALLAHASSEE, FLORIDA 32399-0575

FROM: NAME AND LOCATION OF COURT: Clerk of Circuit Court – _____ County

DEFENDANT'S NAME: _____ DATE OF BIRTH: _____
MAILING ADDRESS: _____
Street City State Zip

DRIVER LICENSE NUMBER: _____ TICKET NUMBER: _____

VIOLATION DATE: _____ DATE OF ADJUDICATION: _____

1st DUI: 2nd DUI: 3rd DUI: 4th DUI: Blood Alcohol Level .15 or higher?
(X the one above that applies) Minor in the car?

Reckless Driving: _____
"

DEFENDANT WAS REQUIRED BY THIS COURT TO INSTALL AN APPROVED IGNITION INTERLOCK DEVICE FOR THE OPERATION OF A MOTOR VEHICLE.

LENGTH OF TIME RECOMMENDED FOR THE INTERLOCK RESTRICTION:
(Enter time in years, months, and or days) _____

SIGNATURE: SEE ATTACHED
Signature of Presiding Judge

(Affix Court Seal or Clerk's Seal)

THIS FORM TO BE USED BY COUNTY COURTS ONLY IFF P W K Q P P V G T N Q E M F G X I E G K U E Q W I V Q T F G T G F 0