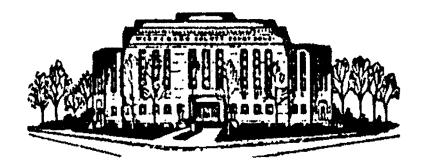
Tara Berry
Clerk of Court



## Telephone

Oshkosh (920) 236-4848 Neenah (920) 727-2880 Fax (920) 424-7780

## Winnebago County Clerk of Court

415 Jackson St - PO Box 2808 Oshkosh WI 54903-2808

Attached please find the forms necessary for you to petition for ignition interlock exemption. Please fully complete the Petition as indicated. Return the attached Petition and Confidential Disclosure form along with the following information we will need should the Petition be granted. We will need this information to complete the Order.

Driver's License Number: PLEASE FILL OUT THE CAPTION OF THE ATTACHED "CONFIDENTIAL DISCLOSURE OF PROTECTED INFORMATION" FORM GF-241, PROVIDE US ONLY YOUR DRIVER'S LICENSE NUMBER, AND SIGN, PRINT YOUR NAME AND DATE IT AT THE BOTTOM.

Please provide the following information for any vehicle(s) other than mopeds or motorcycles that you are petitioning exemption for:

Year	Make	Vehicle Identification Number	License Plate #  License Plate #  License Plate #
Year	Make	Vehicle Identification Number	
Year	Make	Vehicle Identification Number	
Year	Make	Vehicle Identification Number	License Plate #
Year	Make	Vehicle Identification Number	License Plate #
Year	 Make	Vehicle Identification Number	License Plate #

If you need additional vehicles exempted, please include the information for the additional vehicles on a separate piece of paper.

We will not be able to process your petition without all of the above requested information. Please be sure to return this information along with the completed attached forms to: Clerk of Courts, Criminal/Traffic Division, P.O. Box 2808, Oshkosh, WI 54903-2808.

Thank you,
Winnebago County Clerk of Court Office
Criminal/Traffic Division

Enter the name of the county in which this	STATE OF	WISCONSIN, CIRCUIT COURT,	COUNTY			
case is filed.			COUNTY			
Enter the Petitioner/ Plaintiff's full name.	Petitioner/	Plaintiff:				
Enter the Respondent/	First name	Middle name Last name	<del></del>			
Defendant's full name. Enter the case number.	T Hot Hame					
Use this form to provide protected information to the court: social security,	Respondent/Defendant:			Confidential Disclosure of Protected Information		
employer or tax ID, driver license, financial accounts, and passport numbers.	First name	Middle name Last name		Case No		
For family and paternity cases, use form GF-179, Confidential Petition Addendum, to protect social security numbers. This form is used for all case types. Some	om	e following protected information is n itted or redacted from documents file Name: Social Security number: Employer or taxpayer ID number:	ed with the court.			
information may not apply to your case.		Driver license number:				
In #1, enter the name		Financial account numbers:				
of each person whose protected information						
is needed for this		Passport number:				
case and the	В.					
information to be		Social Security number:				
protected.		Employer or taxpayer ID number:				
Do NOT use this form if the						
information is not		Passport number:				
needed for this case.  Just omit the protected		Name:				
information from the		Social Security number:				
documents you file or		Employer or taxpayer ID number:				
blank it out from the		Driver license number:				
copies filed with the		Financial account numbers:				
court. Keep the unredacted original	,					
documents.	1	Passport number:				
			∐ See	attached for additional parties		
In #2, if it is not practical to redact a document, you may	The following documents cannot be redacted and are attached:					
attach it to this form without redacting it. See §801.19(2)(c)3,	3. I am not an attorney or a party to this case. I am interested because:					
Wis. Stats. In #3, if you are not a party or the attorney	_		<b>&gt;</b>			
for a party, describe your relationship to this case.				Signature		
Sign and print your name and date the document.			Pri	nt or Type Name		
	L		Rel	ationship to Case		
				Date		

## PETITION FOR IGNITION INTERLOCK EXEMPTION

Winnebago County Judiciary form Sec. 343.301(1m) Wisconsin Statutes

Name (Last,First, M.I.):		DOB:					
Case							
Number Address	City						
Zip Code	City Telephone Nu	ımher					
-							
THE DEFENDANT IS REQUIRED TO STATE THEIR REASONS I ATTACH ANY AND ALL DOCUMENTATION THAT SUP	OR THE EXEMPTION	ON(S) ON EACH VEHICLE BELOW AND					
	OKIS THE REQUES	TOR LACH EXPENTION(S).					
		_					
	`						
STOP							
SIGN THIS PETITION IN FRONT OF THE CLERK OR A NOTARY.							
Signature of Petitioner		Date					
State of Wisconsin County of		·					
Subscribed and sworn to before me							
this day of, 20							
Notary Public/Deputy Clerk Signature							
Name Printed or Typed							
My commission/term expires							