

NAME OF PROBATIONER/DEFENDANT: _____

DOCKET/SCI NUMBER: _____ CJTN _____

PROBATION CASE NUMBER: _____

Ulster County Interlock Program

Probation – 340-3200 Fax 340-3220

Conditional Discharge 340-3449 Fax 340-3449

SPECIAL CONDITIONS FOR THE IGNITION INTERLOCK PROGRAM OFFENDER-OWNED BUSINESS VEHICLE(S)

The above-named (probationer) (defendant) being an owner of, a partial owner of, or having controlling interest in a business having the name of _____

shall have an ignition interlock device installed in any business-owned vehicle that he/she intends to operate within the scope of such employment for business purposes only. The vehicle(s) listed below is/are operated by the (probationer) (defendant) within the scope of such employment.

Vehicle #1

Vehicle #2

Owner: _____ Owner: _____

Vehicle Make: _____ Vehicle Make: _____

Model: _____ Model: _____

Year: _____ Year: _____

Color: _____ Color: _____

V.I.N.: _____ V.I.N.: _____

Plate Number: _____ Plate Number: _____

Insurance Company: _____ Insurance Company: _____

Vehicle #3

Vehicle #4

Owner: _____ Owner: _____

Vehicle Make: _____ Vehicle Make: _____

Model: _____ Model: _____

Year: _____ Year: _____

Color: _____ Color: _____

V.I.N.: _____ V.I.N.: _____

Plate Number: _____ Plate Number: _____

Insurance Company: _____ Insurance Company: _____