

IGNITION INTERLOCK PROVIDERS OF SANTA FE COUNTY

INTERLOCK SYSTEMS OF NEW MEXICO

1540 Center Drive
Santa Fe, NM 87505
Phone: (505) 471-1830
Fax: (505) 438-1827
Toll Free: 1-866-388-4766
Contact: Julie Teeter

L.A. INTERLOCK

2850 Rufina Street Unit C.
Santa Fe, NM 87507
Phone: (505) 424-0877
Fax: (505) 471-4895
Toll Free: 1-888-484-0877
Contact: Leonard Gomez
Se Habla Español

ADOBE INTERLOCK

7501 Avenger Way Unit A.
Santa Fe, NM 87507
Phone: (505)438-2757
Fax: (505) 438-7794
Contact: Chris Montoya or Jared Cordova
Se Habla Español

THE FAB SHOP/ SMART START

4035 Cerrillos Road
Santa Fe, NM 87507
Phone: (505) 473-5487
Fax: (505) 473-7982
Contact: Steven Roybal
Se Habla Español

AMERICAN JUDICIAL/ GUARDIAN INTERLOCK

1 Mile South of Española 84/285
Arroyo Seco- Hwy 84/285
Española, NM 87532
Phone: (505) 747-2461
Fax: (505) 753-3694
Toll Free: 1-800-274-8836
Contact: Orlando Rodriguez
Se Habla Español

CHOOSE A PROVIDER BEFORE YOU COME IN FOR THE FIRST PORTION OF DWI SCREENING. A referral will be made at that time, and you will be given a deadline to install the device in your vehicle. Please shop around and choose a provider that is best suited for you. It is your responsibility to get price quotes.

If you need assistance to pay for the device, you will need to obtain an application for subsidy from the DWI Screening Office. The application needs to be completed and notarized. Once completed, take it to Magistrate Court for the Judge's approval.

FINANCIAL AFFIDAVIT/ SUBSITY APPLICATION FOR BREATH IGNITION INTERLOCK DEVICE

Applicant: _____

Case #: **M-49-DR-**_____

DIV _____

1) Mailing Address: _____

2) Date Of Birth: _____ 3) Marital Status: Single Married Separated Divorced Widowed

4) Total Number of Dependents: _____

a. Self b. Spouse c. Number of Children Under the age of 18: _____ d. Others: _____

5) SOURCE OF INCOME:

Employer: _____

Earnings: \$ _____ Per Hour

a. AFDC: \$ _____ Per Month

e. SSI: \$ _____ Per month

b. General Assistance: \$ _____ Per Month

f. Veterans Benefits: \$ _____ Per Month

c. Unemployment Comp. \$ _____ Per Month

g. Other: \$ _____ Per Month

d. Social Security: \$ _____ Per Month

TOTAL FAMILY INCOME: \$ _____ Per Month

6) MONTHLY EXPENSES:

a. Rent or Mortgage: \$ _____ Per month

d. Medical: \$ _____ Per month

b. Utilities: \$ _____ Per Month

e. Car Payment: \$ _____ Per month

c. Food: \$ _____ Per Month

f. Other Living Expenses: \$ _____ Per Month

List all "Other" Expenses: _____

TOTAL EXPENSES: \$ _____ Per Month

7) ASSETS:

a. Bank Accounts: \$ _____

d. Other Real Estate Equity: \$ _____

b. Home Equity: \$ _____

e. Automobile Equity: \$ _____

c. Other: \$ _____

TOTAL ASSETS: \$ _____

.....
I, the undersigned declare the above to be true and correct, and any false statements made knowingly may result in the repayment of any financial assistance granted.

Applicant/ Affiant

SUBSCRIBED AND SWORN to before me on this _____ day of _____, 20____

Notary Public My Commission Expires: _____

ORDER

The Court considered the foregoing affidavit and application and the same is **GRANTED**. The application is permitted to receive a subsidy for the installation and calibration of a breath ignition interlock device

The Court has considered the foregoing affidavit and application and the same is **DENIED**

Done this _____ day of _____, 20____ At _____, New Mexico

Judge