County Monitors' Report of Ignition Interlock Device Sentencing Orders Received and Installation Status

Revised Instructions as of February 17, 2012

This electronic version of the "County Monitors' Report of Ignition Interlock Device Sentencing Orders Received and Installation Status" (file name "IID Quarterly Form5 – September 7, 2011") is the current version to be used by all monitors. Because the data will be matched with other databases for analysis and research purposes it is preferred that these reports be submitted in a spreadsheet file format such as Microsoft Excel. We also ask that you please submit the reports with the offenders sorted alphabetically. These instructions were revised to clearly distinguish IID devices ordered by the court from those actually installed.

This form is formatted for 24 cases. However, it can be expanded by inserting more rows anywhere after the row for operator #1, but before the row for operator #24. The spreadsheet must be unlocked or unprotected (there is no password) to do so.

For counties that are reporting for more than one monitoring agency (for example, the Probation Department also reporting for District Attorney's Office, STOP DWI, Sheriff, or Counseling, etc.), please indicate at the top of the spreadsheet that the report includes both agencies.

An electronic copy of the report should be sent to dcjsopcaiidreports@dcjs.ny.gov . A hard copy of the signed report including vouchers and signed fiscal cost reports must be sent to the DCJS' Finance Office on the 10th floor at 4 Tower Place, Albany NY 12203 within 30 days of the close of each quarter. If either OPCA or the Finance Office does not receive their respective documentation, a payment hold may be placed on your contract until your county's reports are received.

Heading Information	
County	The county name for which the report is being filed.
Agency Reporting	The monitoring authority or authorities submitting the Quarterly Report. It is acceptable for counties with separate probation and conditional discharge monitors to report on the same form, but the names of both agencies must appear in this instance.
Contract #	The DCJS Contract Number to which the information provided applies.
Quarter/Year	Check the box for the quarter for which this information is submitted and fill in the year.
Operator Information for all Orders Received	
Last Name, First Name, MI, DOB, NYSID, Driver's License #, Sentence Date	Enter the operator's last name, first name, middle initial, DOB, NYSID (if available), and sentence date for cases where a court ordered the installation of an Ignition Interlock Device regardless of whether it was actually installed. Repeat operators information using a separate line on the form for each vehicle the court orders the installation of an ignition interlock device.
Court Ordered Device Information	
# Full Pay Ordered	The number of devices for which the court ordered the operator to pay all IID fees regardless of whether it was actually installed. No need to zero-fill.
# Payment Plan Ordered	The number of devices for which the court ordered the operator to pay a portion of the IID fees regardless of whether it was actually installed. No need to zero-fill.
# Cost Waived Ordered	The number of devices for which the court ordered that IID fees be waived by the manufacturer regardless of whether it was actually installed. No need to zero-fill.
Installation Information	
IID Installed	Enter 1 (one) if the device was actually installed or enter 0 (zero) if it was not actually installed.
IID Class	Enter 1 if a class 1 device was installed. Enter 2 if a Class 2 device was installed. Enter 3 if a Class 3 device was installed.
Quarterly Total Orders	Enter the total number of orders received during the quarter. If more than one page is submitted for the quarter, please sum the sub-totals of each page and insert the grand total in this space on the first page of the Quarterly Report.
Installation Summary by Class	Sum the number of Class 1, Class 2 and Class 3 devices actually installed and fill in the respective blanks.