

LANCASTER COUNTY COURT WORK RELEASE APPLICATION

Please fill out the back of this form

To the Defendant:

I understand that if I am approved for participation in the work release program through the Lancaster County Court, that I will be charged work release costs. Failure to pay these costs prior to release from jail could result in further court proceedings. I also understand that should I be released from my employment prior to the time stated in the work release order, I must return to the jail immediately. All medical costs incurred will be at my expense. Rules and regulations will be provided to me by the Lancaster County Department of Corrections. If sentenced to 14 days or less, work release costs will be paid in advance.

Defendant's Signature _____

To the Employer:

I am willing to have, and agree to supervise, (Employee Name) _____ in a work release program through the Lincoln, Lancaster County Court. I understand that this agreement places me under no legal obligation. However, I agree to report any absences, tardiness, or other problems requiring immediate attention to the Lancaster County Corrections Department, **402-441-1900** or **402-441-1939**.

Place of Employment: _____ Phone: _____

Address: _____ Supervisor's Name: _____ Phone: _____

Please provide actual work hours as the judge will provide for sufficient time to go to and from work in the work release order. If the employee is released from work prior to the time stated in the work release order, he/she must return to the jail immediately. Under no circumstances is the employee to be returned to the jail later than the specified hours. Should this occur, he/she could be subject to additional charges and his/her work release may be revoked. If you have any questions regarding the work release program, do not hesitate to contact the Work Release Coordinator, 402-441-1939.

Employee Hours: Indicate whether hours are AM or PM

Day	Start	End	Day	Start	End
Monday			Friday		
Tuesday			Saturday		
Wednesday			Sunday		
Thursday					

Employee's paycheck issued on: _____

Employer Signature: _____

School Release:

If this request is for school release, please provide the following information:

School Name: _____ Address: _____

Counselor's Name: _____ Phone: _____

A copy of applicant's class schedule must be attached to this application.

Corrections Department Recommendation:

The Lancaster County Corrections Department has reviewed this application and recommends:

Date Signature Title