

LANCASTER COUNTY DISTRICT COURT

WORK RELEASE - CHILD SUPPORT CASES

**TO BE COMPLETED BY INMATE
DO NOT FOLD OR CURL APPLICATION**

INSTRUCTIONS:

- **Complete ALL questions and ALL pages, including the proposed order. Incomplete applications will be returned to you.**
- Use black ink.
- List **all** required information for each person listed as a driver.
 - Driver's license number – a driver cannot be approved without this information.
 - Date of birth – a driver cannot be approved without this information.
- If you are providing your own transportation, indicate the method (bus, car, bike).
- List **actual work hours** on page 1 of the *application* and on page 1 of the *order*. Travel time is a separate entry.
- Written notice of the Judge or Referee's decision will be provided.
- Allow **one week** for processing, more if a weekend or holiday is involved.
- Submit completed application to **ONE** of the below locations:
 - Jail Work Release Coordinator Adult Detention Facility, 3801 W. O Street
 - Clerk of the District Court Courthouse, 3rd Floor

If you have questions, please call:

Jail Work Release Coordinator 402-441-1939 8 – 4:30 p.m., Monday-Friday

**Violation of the order and/or of the law may result in disciplinary actions,
suspension, and/or revocation of your release.**

APPLICATION FOR RELEASE FROM JAIL

READ INSTRUCTIONS ON *COVER SHEET* BEFORE COMPLETING THIS APPLICATION

Name _____ SSN _____ Date of Birth _____

Other known name, i.e., nickname, maiden name: _____

Home address: _____
Address City Zip

Home Phone Work Phone Cell Phone

Case number: CI: _____

Offense _____ Attorney _____

Judge _____ Length of Sentence _____

Date to Begin Jail Sentence: _____

Do you have a valid driver's license: Yes No

Valid License # _____ State of Issue _____ Expires _____

Employer Name _____

Address City State Zip

Supervisor Name: _____

Supervisor's Phone: _____
Work Cell Home

Employer's/Supervisor's Relationship to you: _____

Work Site Location/Address: _____

Your type of work is: _____
Cook, Factory, Office, Sales, etc.

Date received by Corrections: _____ Date received by Work Release: _____

IN THE DISTRICT COURT of LANCASTER COUNTY, NEBRASKA

STATE OF NEBRASKA)
 Plaintiff)
 vs) CI _____)
 _____)
 Defendant) **APPLICATION FOR WORK RELEASE**

1. Defendant is employed by _____
 Employer/Business Name

Address City State Zip Phone

Supervisor Name Work Phone Cell Phone Home Phone

2. Inmate's work supervisor has agreed to supervise this work release and agrees to notify ADF of any change from the proposed rules.

3. Wage: \$ _____ per hour week month. Paid: Weekly Alternate Weeks Monthly
 (Circle one.) (Circle one.)
 Date of next paycheck: _____

4. Were you employed when you came into jail: Yes No
 If yes, where did you work? _____ for _____ years months.
 (Circle one)

5. Defendant requests release as of _____ from confinement for employment as follows:
 Date

List actual work hours. Travel time is listed separately. See next page.

Day	Start Time*	AM	PM	End Time*	AM	PM
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

*Use NOON or MIDNIGHT for 12:00.

6. If you requested approval for this work site previously and were denied, what has changed to justify a new consideration for approval, i.e., hours have been decreased, you have entered treatment? _____

7. Inmate will not be absent from his/her place of employment except for one meal within a reasonable distance from the work site, nor be at any residence not approved as a work site.
8. Persons providing transportation will be: (List your name if you plan to drive yourself.)

a) _____
Name Relationship to you _____

_____ **Date of Birth** _____ **Driver's License Number** _____

_____ **Address** _____ **City** _____ **Zip code** _____

_____ **Home Phone** _____ **Cell Phone** _____ **Work Phone** _____

b) _____
Name Relationship to you _____

_____ **Date of Birth** _____ **Driver's License Number** _____

_____ **Address** _____ **City** _____ **Zip code** _____

_____ **Home Phone** _____ **Cell Phone** _____ **Work Phone** _____

c) _____
Name Relationship to you _____

_____ **Date of Birth** _____ **Driver's License Number** _____

_____ **Address** _____ **City** _____ **Zip code** _____

_____ **Home Phone** _____ **Cell Phone** _____ **Work Phone** _____

Private vehicle travel time requested: _____ minutes to employment location and _____ minutes from employment location.

City bus travel time requested: _____ hours prior to employment location and _____ hours from employment location. Bus route # 46 is taken from the Adult Detention Facility. Bus Route # _____ will be taken from downtown to place of employment.

9. Number of LEGAL dependents you have? _____ Names: _____
- _____
- _____

10. As a condition of Work Release, inmate is required to endorse all paychecks to the Clerk of the District Court during his/her incarceration. The Clerk shall disburse funds in the following order of priority:

A. Cost of Board

B. Cost of Work Release.

C. Support of the inmate's dependents in CI _____ in the amount of \$ _____ per paycheck.

D. Support of the inmate's dependents residing with him/her in the amount of \$ _____ per paycheck, sent to:

Name	Address	City	Zip
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E. Costs, fines and restitutions ordered by the Court.

F. Inmate's expense allowance of \$ _____ per paycheck.

G. Balance, if any, to inmate upon release.

WHEREFORE, inmate prays the Court approve this Application for Work Release.

Dated: _____, 20 ____

Inmate's Signature	Home Phone	Cell Phone
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Home Address (Not ADF)	City	State	Zip
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I understand that, while incarcerated, I must endorse all paychecks to the Clerk of the District Court.

Inmate's Signature

IN THE DISTRICT COURT of LANCASTER COUNTY, NEBRASKA

STATE OF NEBRASKA)
 Plaintiff)
 vs) CI _____)
 _____)
 Defendant)

ORDER
 (to be completed by inmate)

1. Commencing on the _____ day of _____, 20__ the Defendant is permitted to leave the Adult Detention Facility for employment at:

 Employer/Business Name

 Address City State Zip

 Supervisor Name Work Phone Cell Phone Home Phone

During the following actual hours or employment: (Indicate am or pm as it applies)

List actual work times. Travel time is listed separately. See below.

Day	Start Time*	AM	PM	End Time*	AM	PM
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

*Use NOON or MIDNIGHT for 12:00.

Travel Time

Private vehicle travel time requested: The defendant is to be released for transportation _____ minutes prior to employment start time and is to return to confinement _____ minutes after completion of employment each day.

City bus travel time requested: The defendant is to be released _____ minutes prior to employment start time until _____ minutes after employment end time each day. Bus number 46 takes you to the bus stop at Golds/11th Street. What bus number will you take from there? _____

2. Should the employer not require the services of the defendant on any given day, he/she will notify the Adult Detention Facility _____ hours in advance. **Should the defendant's services not be needed for the entire work period she/he will return to the Adult Detention Facility.**
3. This release is conditioned upon the defendant providing his/her own meals while absent from the Adult Detention Facility during the times the meals are served therein, and furnishing his/her own transportation to and from work.
4. Defendant shall not be absent from his/her place of employment except for one meal within a reasonable distance from the work site, nor be at any residence not approved as a work site.
5. Transportation for work release will be provided by:

a) _____
Name _____ **Relationship to you** _____

_____ **Date of Birth** _____ **Driver's License Number** _____

_____ **Address** _____ **City** _____ **Zip code** _____

_____ **Home Phone** _____ **Cell Phone** _____ **Work Phone** _____

b) _____
Name _____ **Relationship to you** _____

_____ **Date of Birth** _____ **Driver's License Number** _____

_____ **Address** _____ **City** _____ **Zip code** _____

_____ **Home Phone** _____ **Cell Phone** _____ **Work Phone** _____

c) _____
Name _____ **Relationship to you** _____

_____ **Date of Birth** _____ **Driver's License Number** _____

_____ **Address** _____ **City** _____ **Zip code** _____

_____ **Home Phone** _____ **Cell Phone** _____ **Work Phone** _____

If providing your own transportation, you must be listed above.

6. **Defendant understands that a condition of work release requires him/her to endorse all paychecks for earnings while incarcerated to Clerk of the District Court.**
7. The defendant's employer shall mail the wages/salary earned by the defendant while incarcerated unless the Order indicates Direct Deposit is authorized and prior arrangements made with Corrections.

Clerk of the District Court
 Work Release Program
 575 S. 10th Street
 Lincoln, NE 68508

8. This Order will remain in effect until the inmate is released, revocation of this Order, termination of employment or further order of the Court, whichever comes first. Any violation of the Order or the law may result in disciplinary actions, suspension and/or revocation.
9. The Clerk shall mail a copy of this Order to the employer.
10. The Clerk shall disburse such funds in the following order of priority:
 - A. Pursuant to Neb. Rev. Stat. §42-358.03 (reissue 1993), 90% of the earnings realized by inmate, less the cost of Work Release, shall be applied to payment of delinquent child support. (Inmate's earnings x .90 - cost of Work Release = Amount to be applied toward payment of delinquent Child Support.)
 - B. Cost of Board
 - C. Cost of Work Release
 - D. Support of the inmate's dependents residing with him / her in the amount of \$ _____ per paycheck, sent to:

Name	Address	City	Zip
 - E. Costs, fines, and restitutions ordered by the Court.
 - F. Inmate's expense allowance of \$ _____ per paycheck.
 - G. Balance, if any, to inmate upon release.

Office use only.

District Court Judge / Referee

Dated _____, 20____