

# DISTRICT COURT WORK RELEASE APPLICATION

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

## INSTRUCTIONS:

- **Complete ALL pages and ALL questions, including the order. Incomplete applications will be returned to you.**
- Use black ink
- List **all** required information for **each** person listed as drivers
  - Driver’s license number – driver cannot be approved without this information.
  - Date of birth – driver cannot be approved without this information.
- If you are providing your own transportation, indicate 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.
- Allow **one week** for processing; more if a weekend or holiday is involved.
- You will receive written notice of the Judge=s decision.
- Submit completed application to **ONE** of the below locations:
  - Jail Work Release Sergeant      Adult Detention Facility, 3801 W. O street
  - District Court Clerk=s Office      Courthouse, 3<sup>rd</sup> floor
  - Work Release Office              Courthouse, 3<sup>rd</sup> floor

**With questions, please call:**

Work Release Office	402-441-8693	Before 2 pm, Monday – Friday
Jail Work Release Sergeant	402-441-1939	8 - 4:30, Monday – Friday, 3801 W. O. Street

**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: G Yes G 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 \_\_\_\_\_ )  
 )  
 )  
 \_\_\_\_\_ ) **APPLICATION FOR WORK RELEASE**  
 Defendant )

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:

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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 \_\_\_\_

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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.

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Inmate's Signature

**IN THE DISTRICT COURT of LANCASTER COUNTY, NEBRASKA**

STATE OF NEBRASKA )  
 Plaintiff )  
 ) CI \_\_\_\_\_  
 vs )  
 )  
 \_\_\_\_\_ )  
 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

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\_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Driver's License Number**

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Address City Zip code

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Home Phone Cell Phone Work Phone

b) \_\_\_\_\_  
**Name** Relationship to you

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\_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Driver's License Number**

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Address City Zip code

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Home Phone Cell Phone Work Phone

c) \_\_\_\_\_  
**Name** Relationship to you

---

\_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Driver's License Number**

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Address City Zip code

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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
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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.

Office use only.

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\_\_\_\_\_  
District Court Judge / Referee

Dated \_\_\_\_\_, 20\_\_\_\_