

LANCASTER COUNTY
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, 3rd floor
 - Work Release Office Courthouse, 3rd 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: CR: _____

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) CR _____
)
)
 _____) **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. 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 from jail to employment location and _____ minutes from employment location to jail.

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

9. Do you currently owe Child Support? YES NO If yes, Docket/Page # or CI # _____

10. Number of LEGAL dependents you have? _____ Names: _____

11. 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. **This must be paid in advance if inmate has direct deposit.**

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.

12. Do you have Direct Deposit? YES NO

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)
)
)
 _____)
 Defendant)

CR _____

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 of employment: (Indicate am or pm as it applies)

List actual work times. 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.

- 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.**
- 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.
- 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.

Private Vehicle Travel Time

The inmate 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.

Bus Transportation Travel Time

Inmate requests release _____ hours prior to employment start time until _____ hours 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? _____

- 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 funds in the following order of priority:

A. Cost of Board

B. Cost of Work Release

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

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

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

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

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

11. Do you have Direct Deposit: Yes No **If yes, Work Release fees must be paid in advance.**

Office use only below this line.

As a condition of Work Release, inmate is ordered to attend:

_____ AA/NA at Adult Detention Facility

_____ Substance Abuse Treatment

_____ Domestic Violence Intervention

District Court Judge / Referee

Date