

LANCASTER COUNTY DISTRICT COURT

APPLICATION FOR

# **WORK RELEASE**

READ ALL INSTRUCTIONS

PRIOR TO STARTING

CFN # \_\_\_\_\_

## LANCASTER COUNTY DISTRICT COURT INSTRUCTIONS

### **INCOMPLETE FORMS WILL NOT BE PROCESSED AND WILL BE RETURNED TO YOU!**

1. Fill out the forms in **blue/black ink** or **typewritten, no pencil or pastel ink**.
2. Complete all pages. The judge will not fill any of the Order out for you. You must fill out the entire Order except for the judge's signature.
3. List all names of those who will be providing transportation for you. While it is not impossible to have a name added to the work release Order, it is time consuming. You will be required to fill out a complete set of new papers, even to change one thing. If providing your own transportation indicate - driving, walking, bicycling or bus. If not, complete the information for those providing transportation for you.
4. **Do not call the judge to ask about the status of your work release. You will be notified in writing when your sentencing judge has either approved or denied your request.**
5. On section #3 of the Application use actual work times only. Do not include release and return times. The second part of the Application provides for release and return times. Use the same work and travel times when filling out the Order.

#### **If your sentence is for Contempt of Child Support, fill out:**

Section #12 in the application and section #10 in the Order.

#### **If your sentence is for other than Child Support, fill out:**

Section #13 on the Application and section #11 on the Order

Violation of this Order and or the law may result in disciplinary action, suspension and or revocation.

Upon completion, submit the forms to Connie Osborn at the jail, they will be sent to Clancy who will verify all the information you've provided. The forms and findings will be submitted to the sentencing judge. Any questions about the status of your work release should be directed to:

<b>Clancy</b>	<b>441-8693</b>	<b>M-F Morning hours only</b>
<b>Connie Osborn</b>	<b>441-8902</b>	

READ ALL INSTRUCTIONS PRIOR TO FILLING OUT THIS FORM  
APPLICATION FOR RELEASE FROM JAIL

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Nickname or other known name, including maiden name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State & Zip Code Phone - Home, Cell & Work

Date of Birth \_\_\_\_\_

District Court C.F.N. # \_\_\_\_\_

Docket \_\_\_\_\_ Page \_\_\_\_\_ or CR/CI # \_\_\_\_\_

Offense \_\_\_\_\_ Attorney of Record \_\_\_\_\_

Judge \_\_\_\_\_ Length of Sentence: \_\_\_\_\_

Date Defendant will or has started jail sentence \_\_\_\_\_

Currently Housed: Jail \_\_\_\_\_ or LCF \_\_\_\_\_

**Amend work release by changing:**

\_\_\_\_\_

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

If yes: \_\_\_\_\_

Driver's License Number What State Date License Expires

Name of Employer: \_\_\_\_\_

\_\_\_\_\_

Address - City, State & Zip Code

Supervisor: \_\_\_\_\_ Work # - Home # - Cell # \_\_\_\_\_

Employer's relationship to you, if any: \_\_\_\_\_

Work Site Location: \_\_\_\_\_

\*\*\*\*\*

Investigation submitted to court \_\_\_\_\_ Date \_\_\_\_\_

Date received by Corrections \_\_\_\_\_

Date received by Work Release \_\_\_\_\_

---

By District Court Work Release Officer

October 2008



Also Defendant requests release \_\_\_\_\_ hour(s) prior to employment until \_\_\_\_\_ hour(s) after employment for transportation by private vehicle.

If transportation by bus, defendant requests release \_\_\_\_\_ hour(s) prior to employment until \_\_\_\_\_ hour(s) after employment.

Bus route # you will take out of downtown \_\_\_\_\_  
\_\_\_\_\_

5. Defendant will not be absent from his/her place of employment except for one meal with-in a reasonable distance from the work site, nor be at any residence not approved as a work site.

6. List below people who will provide transportation, and their relationship to you:

a) \_\_\_\_\_  
Name and Drivers Lic # Relationship  
\_\_\_\_\_  
Address, City, State & Zip  
\_\_\_\_\_  
Phone #'s, home, work & cell

b) \_\_\_\_\_  
Name and Drivers Lic # Relationship  
\_\_\_\_\_  
Address, City, State & Zip  
\_\_\_\_\_  
Phone #'s, home, work & cell

c) \_\_\_\_\_  
Name and Drivers Lic # Relationship  
\_\_\_\_\_  
Address, City, State & Zip  
\_\_\_\_\_  
Phone #'s, home, work & cell

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

8. Defendant's supervisor at work has agreed to supervise this work release and agrees to notify the The Corrections Facility of any change from the proposed rules.

9. Do you currently owe child support? yes or no (circle one)  
If yes, list the docket and page or CI #'s \_\_\_\_\_

10. How many legal dependents do you have? \_\_\_\_\_ List name(s)  
\_\_\_\_\_

11. **Defendant understands that a condition of work release requires him/her to endorse all paychecks while incarcerated to the Clerk of the District Court. Any violation of the Order or law may result in disciplinary action, suspension and or revocation of work release privileges.**
  
12. Defendant understands his/her paycheck will be disbursed as the Court directs. **In cases where the defendant has been committed to a court supervised work release program because of a contempt conviction for failure to pay permanent child support payments**, the Clerk shall disburse such funds in the following order of priority: **DO NOT COMPLETE SECTION #13.**
  - A. Pursuant to Neb. Rev. Stat. 42-358.03 (reissue 1993), 90% of the earnings realized by the defendant, less the cost of work release, shall be applied to payment of delinquent child support. (Defendant's earnings x .90 - Cost of Work Release = Amount to be applied toward payment of defendant's delinquent child support payments)
    1. Support of the defendants dependents in Docket \_\_\_\_\_ Page \_\_\_\_\_ or CI # \_\_\_\_\_.
  - B. Cost of Board
  - C. Cost of Work Release
  - D. Support of the defendant's dependents residing with him/her in the amount of \$ \_\_\_\_\_ per paycheck sent to:

---

Name \_\_\_\_\_

---

Address, City, State & Zip Code \_\_\_\_\_
  - E. Costs, fines and restitutions ordered by the Court
  - F. Defendant's expense allowance of \$ \_\_\_\_\_ per paycheck
  - G. Balance, if any, to defendant upon release.
  
13. **In all other cases**, the Clerk shall disburse such funds in the following order of priority:

**DO NOT COMPLETE SECTION #12**

- A. Cost of Board
- B. Cost of Work Release
- C. Support of the defendants dependents in Docket \_\_\_\_\_ Page \_\_\_\_\_ or CI # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ per paycheck.

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address, City, State & Zip Code

E. Costs, fines and restitutions ordered by the Court

F. Defendant's expense allowance of \$\_\_\_\_\_ per paycheck

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

14. If defendant has Direct Deposit, payments to be made weekly in advance to Corrections. Do you have Direct Deposit? (Circle one) Y N

WHEREFORE, defendant prays the Court approve his/her Application for Work Release.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Defendant or Attorney's Signature

\_\_\_\_\_  
Defendant's mailing address NOT jail or LCF

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Phone Numbers - work #, home #, cell

This is to acknowledge that I have read paragraph #11 and understand that while incarcerated I must endorse all checks over to the Clerk of the District Court.

\_\_\_\_\_  
Defendants Signature

# FOR OFFICE USE ONLY

## COMMENTS OF DEPARTMENT OF CORRECTIONS

BAC \_\_\_\_\_

UA \_\_\_\_\_

---

---

---

---

---

The Corrections Department has reviewed this Application and recommends:

approval or disapproval.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Corrections Department

WR Notes

---

---

---

---

---

---

---

IN THE DISTRICT COURT OF LANCASTER COUNTY, NEBRASKA

STATE OF NEBRASKA,	)	Docket _____ Page _____
	)	or
_____	)	CR/CI # _____
Plaintiff,	)	
	)	
vs.	)	ORDER
	)	
_____	)	
Defendant	)	

1. Commencing on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the defendant is permitted to leave the Corrections Facility for employment at:

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Address, City, State & Zip Code

\_\_\_\_\_  
Phone #'s - work, home & cell

During the following actual hours of employment, **circle am or pm** as it applies: (Use Noon or Midnight for 12:00)

Monday _____ am/pm to _____ am/pm	Friday _____ am/pm to _____ am/pm
Tuesday _____ am/pm to _____ am/pm	Saturday _____ am/pm to _____ am/pm
Wednesday _____ am/pm to _____ am/pm	Sunday _____ am/pm to _____ am/pm
Thursday _____ am/pm to _____ am/pm	

Also, defendant is to be released for transportation \_\_\_\_\_ hour(s) prior to employment and is to return to confinement \_\_\_\_\_ hour(s) after completion of employment each day.

If transportation is by bus, defendant requests release \_\_\_\_\_ hour(s) prior to employment until \_\_\_\_\_ hour(s) after employment. Bus route # you will take out of downtown \_\_\_\_\_

\_\_\_\_\_  
Supervisor(s) Name - Phone #'s - work, home & cell

2. Should the employer not require the services of the defendant on any given day, he/she will notify the Corrections Facility \_\_\_\_\_ hour(s) in advance. Also, should the defendants services not be needed **for the entire work period** he/she will return to the Correctional Facility immediately.

3. This release is conditioned upon the defendant providing his/her own meals while absent from the Corrections Facility during the times the meals are served therein, and also 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 and Drivers Lic # Relationship to you  
\_\_\_\_\_  
Address, City, State & Zip  
\_\_\_\_\_  
Phone #'s, home, work & cell

b) \_\_\_\_\_  
Name and Drivers Lic # Relationship to you  
\_\_\_\_\_  
Address, City, State & Zip  
\_\_\_\_\_  
Phone #'s, home, work & cell

c) \_\_\_\_\_  
Name and Drivers Lic # Relationship to you  
\_\_\_\_\_  
Address, City, State & Zip  
\_\_\_\_\_  
Phone #'s, home, work & cell

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. 10<sup>th</sup> St.  
Lincoln, NE 68508

8. This Order will remain in effect until the defendant 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 action, suspension and or revocation.

9. The Clerk shall mail a copy of this Order to the employer.

10. **In cases where the defendant has been committed to a Court supervised work release program because of a contempt conviction for failure to pay permanent child support payments**, the Clerk shall disburse such funds in the following order of priority: **DO NOT COMPLETE SECTION "11"**.

A. Pursuant to Neb. Rev. Stat. 42-358.03 (reissue 1993), 90% of the earnings realized by the defendant, less the cost of work release, shall be applied to payment of delinquent child support. (Defendant's earnings x .90 - Cost of Work Release = Amount to be applied toward payment of defendant's delinquent child support payments)

1. Support of the defendants dependents in Docket \_\_\_\_\_ Page \_\_\_\_\_ or CI # \_\_\_\_\_.

B. Cost of Board

C. Cost of Work Release

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address, City, State & Zip Code

E. Costs, fines and restitutions ordered by the Court

F. Defendant's expense allowance of \$ \_\_\_\_\_ per paycheck

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

11. **In all other cases**, the Clerk shall disburse such funds in the following order of priority:

**DO NOT COMPLETE SECTION #10**

A. Cost of Board

B. Cost of Work Release

C. Support of the defendant's dependents in Docket \_\_\_\_\_ Page \_\_\_\_\_ or CI # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ per paycheck.

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address, City, State & Zip Code

E. Costs, fines and restitutions ordered by the Court

F. Defendant's expense allowance of \$ \_\_\_\_\_ per paycheck

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

12. If defendant has Direct Deposit, payments to be made weekly, in advance, to Corrections.

Do you have Direct Deposit? (Circle one) Y N

**Below to be completed by District Court Judge/Referee only.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

As a condition of Work Release inmate is to attend AA/NA at LCF

Ordered \_\_\_\_\_

Not Ordered \_\_\_\_\_

BY THE COURT:

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