

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

INSTRUCTIONS:

\* USE BLACK INK

\*COMPLETE ALL PAGES, **INCLUDING THE ORDER**- INCOMPLETE APPLICATIONS WILL BE RETURNED TO YOU. SUBMIT COMPLETED APPLICATIONS TO Sgt. MITCHELL

\* LIST **ALL** REQUIRED INFORMATION FOR **EACH** PERSON LISTED AS DRIVERS

\*IF YOU ARE PROVIDING YOUR OWN TRANSPORTATION, INDICATE METHOD-- BUS. CAR, BIKE

\* ON PAGE 1 OF THE APPLICATION AND ON PAGE 1 OF THE ORDER, LIST **ACTUAL WORK HOURS**; TRAVEL TIME IS A SEPARATE ENTRY

\*YOU WILL RECEIVE WRITTEN NOTICE OF THE JUDGE'S DECISION

\*ALLOW **ONE WEEK** FOR PROCESSING; MORE IF A WEEKEND OR HOLIDAY IS INVOLVED

\* SUBMIT COMPLETED APPLICATIONS TO:  
WORK RELEASE- 3<sup>rd</sup> FLOOR COURTHOUSE  
SGT. MITCHELL- ADF, 3801 WEST 'O'  
CLERK'S OFFICE- 3<sup>rd</sup> FLOOR COURTHOUSE

***VIOLATION OF THE ORDER AND/OR OF THE LAW MAY RESULT IN DISCIPLINARY ACTIONS, SUSPENSION, AND/OR REVOCATION OF YOUR RELEASE***

QUESTIONS ? CALL

PAULINE 402-441-8693 BEFORE 2:00 P.M. – M-F  
CASEY 402-441-1913 8-4:30 M-F cmitchell@lanaster.ne.gov

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

\*READ INSTRUCTIONS (PINK SHEET) FIRST\*  
APPLICATION FOR RELEASE FROM JAIL

Name \_\_\_\_\_ Soc. # \_\_\_\_\_ DOB \_\_\_\_\_

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

**HOME** (not jail) address \_\_\_\_\_ Zip \_\_\_\_\_

Phone – Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Case Number – Docket \_\_\_\_\_ Page \_\_\_\_\_ **-OR-** CR/CI # \_\_\_\_\_

Offense \_\_\_\_\_ Attorney \_\_\_\_\_

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

Date you DID or WILL start jail sentence. \_\_\_\_\_

AMEND Work Release by changing \_\_\_\_\_

\_\_\_\_\_

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

If yes, License # \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

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

Work site location \_\_\_\_\_

Your job is \_\_\_\_\_

(Cook, Factory, Office Worker, Sales, etc.)

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

FOR OFFICE USE ONLY  
COMMENTS OF DEPARTMENT OF CORRECTIONS

BAC \_\_\_\_\_

UA \_\_\_\_\_

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The Department of Corrections recommends: Approval \_\_\_\_\_ Denial \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

WORK RELEASE NOTES:

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IN THE DISTRICT COURT OF LANCASTER COUNTY, NEBRASKA

STATE OF NEBRASKA, ) Docket \_\_\_\_\_ Page \_\_\_\_\_

)  
Plaintiff, ) OR

)  
vs. ) CR/ CI# \_\_\_\_\_

\_\_\_\_\_ ) APPLICATION FOR WORK RELEASE

Defendant

1. Defendant is employed by:  
Employer/BusinessName \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

2. Wage of \$ \_\_\_\_\_ per hour/week/month (Circle One). Paid: each week, alternate weeks, monthly  
Date of next paycheck \_\_\_\_\_

3. Were you employed when you came into jail? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, where did you work? \_\_\_\_\_

4. Defendant requests release as of \_\_\_\_\_ from confinement for employment as follows: **Circle A.M. or P.M. for starting and ending hours. 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

*IF YOU REQUESTED APPROVAL FOR THIS WORK SITE PREVIOUSLY and were denied, what has changed to justify a new consideration for approval? (i.e., number of hours has been reduced, entered treatment, etc.)*

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Travel time of \_\_\_\_\_ minutes prior to employment and \_\_\_\_\_ minutes after employment is requested when transportation is by private vehicle.

Travel time of \_\_\_\_\_ hours prior to employment and \_\_\_\_\_ hours after employment is requested when travel is by bus. Bus route# 46 is taken from ADF to downtown; route # \_\_\_\_\_ will be taken from downtown to place of employment.

5. 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.

6. Persons providing transportation will be: (List your name if you plan to drive yourself.)

a) \_\_\_\_\_

Name	License #	Relationship to You
Address	City	Date of Birth
Home Phone #	Cell Phone #	Work Phone #

b) \_\_\_\_\_

Name	License #	Relationship to You
Address	City	Date of Birth
Home Phone #	Cell Phone #	Work Phone #

c) \_\_\_\_\_

Name	License #	Relationship to You
Address	City	Date of Birth
Home Phone #	Cell Phone #	Work Phone #

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

8. Do you currently owe Child Support? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, Docket \_\_\_\_\_ Page \_\_\_\_\_ OR CI \_\_\_\_\_

9. How many LEGAL dependents do you have? \_\_\_\_\_ Names: \_\_\_\_\_



IN THE DISTRICT COURT OF LANCASTER COUNTY, NEBRASKA

STATE OF NEBRASKA,	)	DOCKET_____PAGE_____
	)	
	)	OR
_____	)	CR/CI# _____
Plaintiff	)	
	)	ORDER
Vs.	)	
_____	)	
Defendant	)	

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

_____	\$_____	Per: Hour	Week	Month
Employer	Wage			

Address:	City,	State & Zip
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Phone No.	Work,	Home	Cell
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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 \_\_\_\_\_minutes prior to employment and is to return to confinement \_\_\_\_\_minutes after completion of employment each day.

If transportation is by bus, defendant requests release \_\_\_\_\_hour(s) prior to employment until \_\_\_\_\_ hour(s) after employment. #46 takes you downtown. What bus # will you take from there?  
Bus #\_\_\_\_\_

Supervisor(s) Name	Phone #s Work,	Home	Cell
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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 of the inmate's dependents in Docket \_\_\_\_\_ Page \_\_\_\_\_ or CI # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ per paycheck.
- D. Support of the inmate's dependants residing with him/her in the amount of \$ \_\_\_\_\_ per paycheck sent to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City State 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.

11. Do you have Direct Deposit? Yes \_\_\_\_\_ No \_\_\_\_\_

**IF YES, WORK RELEASE FEES MUST BE PAID IN ADVANCE**

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

\_\_\_\_\_ AA / NA at ADF \_\_\_\_\_ Substance Abuse Treatment

\_\_\_\_\_ Domestic Violence Intervention

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

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