

> **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- 3rd FLOOR COURTHOUSE
SGT. MITCHELL- ADF, 3801 WEST 'O'
CLERK'S OFFICE- 3rd 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@lancaster.ne.gov

CFN# _____

* READ INSTRUCTIONS (BEIGE 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 _____

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 _____

4. If yes, where did you work? _____

5. 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, you have entered treatment, etc.) _____

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.

6. 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.

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

a) _____

Name	License #	Relationship to You
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

b) _____

Name	License #	Relationship to You
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

c) _____

Name	License #	Relationship to You
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

10. How many LEGAL dependents do 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. For Failure to Pay Child Support, the Clerk shall disburse such funds in the following order of priority:

A. Pursuant to Neb. Rev. Stat. 42-358.03 (Reissue 2008) (Cum. Supp. 2012), 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/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.

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

Dated _____, 20_____

Inmate's Signature

Phone #s - Home

Cell

Home Address (NOT ADF)

City / Zip

I understand that, while incarcerated, I must endorse all paychecks to the Clerk of the District Court.

Signature

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. Pursuant to Neb.Rev.Stat. §42-358.03 (Reissue 2008) (Cum. Supp. 2012), 90% of earnings, 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 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

State

Zip

E. Costs, fines and restitutions ordered by the Court.

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

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

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_____