

HOPKINS COUNTY JAIL
INMATE WORK RELEASE VERIFICATION AND RULES

ANY VIOLATION OF WORK RELEASE RULES OR JAIL RULES MAY RESULT IN SUSPENSION OF WORK RELEASE BY THE JAILER OR HIS DESIGNEE FOR A MINIMUM OF FIVE (5) DAYS PENDING SHOW CAUSE HEARING WITH THE SENTENCING JUDGE.

COMPLETE THE FOLLOWING INFORMATION. THE JAIL STAFF SHALL VERIFY THE INFORMATION SUPPLIED. YOU WILL BE CHARGED THE DAILY WORK RELEASE FEE OF 25% OF YOUR DAILY WAGES, NOT TO EXCEED \$40.00 PER DAY. ALL HOURS OVER 40 HOURS PER WEEK SHALL BE ASSESSED AT TIME AND A HALF.

INMATE NAME: _____ HOME ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

BUSINESS NAME: _____ BUSINESS ADDRESS: _____

JOB TITLE: _____ JOB SITE LOCATION: _____

JOB DESCRIPTION: _____

SUPERVISOR'S NAME: _____ SUPERVISOR'S TELEPHONE: _____

SUPERVISOR'S EMERGENCY CONTACT #: _____

WORK DAYS AND HOURS: _____ TRAVEL TIME: _____

HOURLY WAGE (MUST BE VERIFIED BY PAY STUB OR OTHER ACCEPTABLE DOCUMENTS): _____

PAY SCHEDULE: WEEKLY / EVERY 2 WEEKS / OTHER (CIRCLE ONE)
IF OTHER SPECIFY: _____

DOES INMATE HAVE ANY HOLDS IN THE COMPUTER? YES / NO (CIRCLE ONE)
IF YES, SPECIFY: _____

ANY FRAUDULENT INFORMATION SUPPLIED BY YOU MAY RESULT IN THE LOSS OF WORK RELEASE PRIVILIGES.

INMATE RULES

1. THE JAIL STAFF DEPENDING ON THE LOCATION OF YOUR HOME AND JOB LOCATIONS WILL ASSIGN YOUR TRAVEL TIME TO AND FROM WORK.
2. WHILE AT WORK YOU MAY FOLLOW THE NORMAL ROUTINE SUCH AS GOING TO MEALS OFF THE WORK SITE. YOU MAY NOT GO INTO PLACES THAT SERVE ALCOHOL.
3. YOU MAY GO TO YOUR RESIDENCE TO EAT MEALS AND CLEAN UP BEFORE AND AFTER WORK.
4. YOU SHALL NOT BE GRANTED EXTRA TIME TO REPORT TO THEIR RESIDENCE.
5. YOUR EMPLOYER DOES NOT HOVE THE AUTHORITY TO ALLOW THE YOU TIME OFF TO TAKE CARE OF PERSONAL BUSINESS. THE ONLY EXCEPTION WOULD BE TO SEEK MEDICAL ATTENTION. YOU SHALL BE RESPONSIBLE FOR YOUR OWN MEDICAL BILLS AND YOU SHALL BRING IN A DOCTOR'S EXCUSE THAT INDICATES THE TIME ARRIVING AND DEPARTING THE DOCTOR'S OFFICE.
6. YOU SHALL NOT USE DRUGS OR ALCOHOL WHILE ON WORK RELEASE. YOU SHALL SUBMIT TO DRUG AND ALCOHOL TESTING THROUGH THE JAIL. FAILURE TO SUBMIT WILL RESULT IN AUTOMATIC TERMINATION OF WORK RELEASE.
7. BY SIGNING THIS DOCUMENT YOU ARE GIVING CONSENT TO THE SEARCH OF ANY VEHICLE YOU DRIVE ONTO THE JAIL PROPERTY. YOU ARE RESPONSIBLE FOR SCHEDULING YOUR OWN TRANSPORTATION TO AND FORM WORK.
8. IF YOU ARE EXCUSED FROM WORK EARLY OR FIRED, YOU WILL REPORT IMMEDIATELY BACK TO THE JAIL.
9. YOU SHALL PAY WORK RELEASE FEES EVERY FRIDAY OR EVERY OTHER FRIDAY, DEPENDING ON THE PAY SCHEDULE. FAILURE TO PAY FEES WILL RESULT IN SUSPENSION OF WORK RELEASE PRIVILEGES.
10. VIOLATIONS OF THE RULES OR LAW WILL RESULT IN SUSPENSION OF YOUR WORK PRIVILEGES AND MAY RESULT IN CRIMINAL CHARGES.
11. DUE TO BEING GRANTED WORK RELEASE, YOU WILL NOT RECEIVE ANY VISITS WHILE IN JAIL UNLESS GRANTED BY THE JAILER OR HIS REPRESENTATIVE.
12. YOU WILL BE FITTED WITH AN ANKLE TRANSMITTER AND MUST CARRY A GPS TRACKING UNIT WHILE OUTSIDE THE JAIL.
13. YOU WILL BE HELD RESPONSIBLE FOR ANY DAMAGE, INTENTIONAL OR ACCIDENTAL TO THE EQUIPMENT. IF YOU DO NOT RETURN THE EQUIPMENT, OR DO NOT RETURN IT IN THE CONDITION YOU RECEIVED IT, YOU WILL BE CHARGED FOR THE REPAIR OR REPLACEMENT OF THE EQUIPMENT (UP TO \$3000). FAILURE TO DO SO MAY RESULT IN CRIMINAL CHARGES BEING FILED AGAINST YOU.

I HAVE READ AND UNDERSTAND THE RULES OF THE HOPKINS COUNTY JAIL WORK RELEASE PROGRAM.

INMATE SIGNATURE: _____ DATE: _____

WORK RELEASE OFFICER: _____ DATE: _____