

**Richardson County Jail**  
**Application for Participation of Work/Education Release**

In order that your application may be properly evaluated, it is essential that all the following questions be answered carefully and completely.

INMATE NAME: \_\_\_\_\_  
Last First Middle

Date of birth: \_\_\_\_\_ Phone No: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Name & Number County/City State Zip

**Employment**

Employer and address: \_\_\_\_\_  
(Name of Company/Organization)

\_\_\_\_\_ Address Phone Number

\_\_\_\_\_ Supervisor's Name Email Phone Number

\_\_\_\_\_ Type of work Length of employment

\_\_\_\_\_ Hours worked per week

Work Schedule:

SU: MO: TU: WE: TH: FR: SA: Varied? (Circle) Yes or No

\*PLEASE NOTE THAT WORK RELEASE IS NOT ALLOWED ON SATURDAYS AND SUNDAYS

**ACCEPTANCE BY EMPLOYER**

The undersigned Employer agrees to employ the above referenced Defendant during the hours specified and has read the Defendant's above and foregoing Application for Work Release and agrees to comply with the terms relating to the employer contained in the application and the Order of Work Release if issued by the Court.

DATE: \_\_\_\_\_

EMPLOYER

**Transportation**

Do you have a valid Nebraska Operator's License?  Yes  No

Will you use your own automobile for transportation to/from work?  Yes  No

If yes, answer the following:

\_\_\_\_\_ Make Model Year Color license plate # State

If riding with someone else, Driver's information:

Name: \_\_\_\_\_  
Last First Middle

If vehicle is not yours

\_\_\_\_\_  
Make Model Year Color license plate # State

## Support

I have \_\_\_\_\_ dependent(s), I owe \$ \_\_\_\_\_ monthly child support to \_\_\_\_\_  
County District Court and I will need \$ \_\_\_\_\_ per week to commute to work.

## For Official Use Only

Employment Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_ Title: \_\_\_\_\_

Work Schedule:

SU: MO: TU: WE: TH: FR: SA: Varied? (Circle) Yes or No

Date of approval: \_\_\_\_\_ (Staff Use Only)

If not approved why: \_\_\_\_\_

Sheriff's Comments:

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\_\_\_\_\_  
Sheriff's Signature Dated: \_\_\_\_\_

I certify that the information I have provided to the previous questions is true and correct, and that no attempt has been made to conceal pertinent information. I understand that if the information given by me in this application is found false or misleading, I will be ineligible for any further participation in the Work Release program offered by the Richardson County Jail.

\_\_\_\_\_  
Participant's Signature Date

**RICHARDSON COUNTY JAIL  
WORK RELEASE RULES AND REGULATIONS**

After you have read and fully understood each statement, initial and date on the following space provided.

1. I agree to have reliable transportation directly to and from the jail facility and my place of employment. I will not drive or ride in any vehicle without prior permission from the Jail Administrator.  
\_\_\_\_\_
2. I agree to furnish proof of insurance, registration and a valid driver's license if I will be driving.  
\_\_\_\_\_
3. I will have prior permission from the Jail Administrator to be anywhere except my place of employment. \_\_\_\_\_
4. I agree to comply with all local, state and federal laws, plus conditions of my probation orders, if applicable. \_\_\_\_\_
5. I agree not to visit or allow anyone to visit me during my release unless necessary for purpose of my employment or having been authorized by the Jail Administrator. \_\_\_\_\_
6. I agree not to consume any alcoholic beverages, narcotics, marijuana or any other drug other than those prescribed by a physician. I will not be in a location where alcohol is being served.  
\_\_\_\_\_
7. I understand that the work release officer or other Sheriff's Office employees will conduct spot checks on me during my release. \_\_\_\_\_
8. I agree to a search of my person or physical surroundings under my control at any time while on the work release program by the Richardson County Sheriff's Office or by any law enforcement officer.  
\_\_\_\_\_
9. I understand that I will provide a schedule of my work hours as prescribed by the Jail Administrator. The Jail Administrator must approve any change in my work hours during the week or said changes will not take place. \_\_\_\_\_
10. I understand my employer may be contacted at any time to verify employment and working hours.  
\_\_\_\_\_
11. I understand I will be responsible for all medical and dental expenses while out on work release.  
\_\_\_\_\_
12. I understand the work release officer needs to account for my whereabouts at all times while away from the Jail. \_\_\_\_\_
13. I agree to return directly to the Richardson County Jail by the time specified on the posted weekly schedule or as soon as I am released from work. I understand that if I do not return to the Jail at that time I will be charged with escape. \_\_\_\_\_
14. I understand that I will be searched by Detention personnel each and every time when entering the jail. This will include a complete strip search of my person. I am subject at any time to possible breath, blood or urine test to determine alcohol or drug intake. \_\_\_\_\_
15. I understand I will not bring any tobacco products of any kind (including lighters) into the Jail. I will not bring any work tools, knives or any potential weapons into the Jail.
16. I understand that I will pay work release fees of \$22.00 per day for (5) days a week regardless if I am working every day or not. I will place, or will have placed \$110.00 in my jail account by 10:00 PM each Friday for each week's fees. \_\_\_\_\_
17. I understand that a urine test will be taken for determining the presence of controlled substances at the time I would start the work release program and if a positive test is obtained I will be ineligible to continue the program. Application can be resubmitted after a negative test for the presence of

controlled substances it obtained. I will be assessed a cost of \$20.00 for each test. I further agree that if there exist reasonable cause to administer any further urine test to determine the presence of controlled substance while on work release program I will be responsible for the \$20.00 drug testing fee. \_\_\_\_\_

18. I understand that the work release officer may temporarily remove me from work release program at any time upon any violation pending review. \_\_\_\_\_

19. I understand that it is my sole responsibility to strictly adhere to all of the above work release rules and regulations and will take necessary steps to prevent any violations. If I violate any part of this agreement I will be removed from the work release program. I understand that I may also be subject to disciplinary action, loss of good time and criminal charges if applicable. \_\_\_\_\_

20. Other additional conditions:

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**I certify that I have read or have read to me these rules and regulations and fully understand them.**

\_\_\_\_\_  
(Inmate-Printed Name)

\_\_\_\_\_  
(Inmate-Signature)

\_\_\_\_\_  
(Date)

**IN THE DISTRICT COURT OF RICHARDSON COUNTY, NEBRASKA**

<b>STATE OF NEBRASKA,</b>	)	Case No. CR _____
<b>Plaintiff,</b>	)	
	)	
vs.	)	<b>ORDER FOR WORK RELEASE</b>
	)	
_____ ,	)	
<b>Defendant.</b>	)	

The Court, having reviewed the application, finds:

- The defendant's application for work release should be and hereby is granted:

The defendant is not to consume any alcoholic beverages, narcotics, marijuana or any other drug other than those prescribed by a physician. Defendant is subject to testing each time he/she returns to the jail.

The defendant is not to break any laws.

- The defendant's application for work release is denied.
- The defendant's application for work release is granted with the following modifications:

\_\_\_\_\_  
\_\_\_\_\_

IT IS FURTHER ORDERED that the Sheriff is authorized to suspend or terminate work release at any time subject to hearing and review by the Court if the Defendant so requests within seven (7) days of termination.

**Dated and entered on** \_\_\_\_\_, \_\_\_\_\_

**BY THE COURT:**

\_\_\_\_\_  
Julie D. Smith  
District Court Judge