

GAGE COUNTY DETENTION CENTER WORK RELEASE PROGRAM

The Gage County Detention Center is responsible for monitoring all court ordered releases detained by our facility. The Gage County Detention Center must also, by law, review these court ordered release applications submitted and recommended that the sentencing court either approve or deny the application. Court ordered releases are authorized by Nebraska Revised Statute 47-401 et. Seq (Reissue 1988). The Gage County Detention Center will afford qualified individuals the opportunity to continue with outside employment.

To be eligible for work release, you must meet the following minimum requirements:

- ★ You must be a sentenced Gage County inmate.
- ★ To be eligible for the work release program, you must submit and pass a drug test. If you do not provide a drug test within this time period, you are not eligible for the work release program.
- ★ You must already have employment.
- ★ A letter containing specific information must be obtained from your employer before work release applications are processed.
- ★ Your maximum workday will be no more than twelve (12) hours.
- ★ You must be employed in Gage County.
- ★ You must not have any outstanding warrants or charges pending.
- ★ You must have reliable transportation directly to and from your work.
- ★ Self employed applications will require proof of self-employment: you will be required to present business tax number, last year's tax return, DBA documentation, and must have current signed job contracts to be considered.
- ★ You must provide written proof of Workman's Compensation or Insurance prior to being allowed to leave jail for Work Release.
- ★ The Jail Director and/or their designee may waive these conditions and approve other work release conditions on a case-by-case basis.

After filling out the necessary paperwork, it can take up to TWO WEEKS to process the application. The Sheriff will approve or deny your application, however the judge that handled your case will make the final decision to grant or deny your application for work release.

If your application for work release is approved, there are a few facts you will want to know. Work Release costs \$15.00 a day, which will be paid at the rate of \$105.00 a week whether you work a full week or not. However, you will only be charged for the days you are incarcerated. You are subject to alcohol and drug testing. The charge for the urine test is \$24.00 and will be added on to your work release bill. Failure of a drug test or refusal of a drug test will automatically remove you from the work release program. All work release fees will be paid prior to being released for work release. Work release fees are due on Friday, by 1:00 pm. If they are not paid, you will not be released for work the next week.

If your application is denied, you will receive documentation stating so. A second application may be submitted in 30 days from the date of denial. No more than two applications can be submitted.

Inmate Signature

Date

**GAGE COUNTY
DETENTION CENTER
GUIDELINES FOR WORK RELEASE INMATES
REGARDING MEDICAL ISSUES**

Work release comes with the responsibility of your own health care. The Detention Center will no longer be responsible for any cost regarding physician or dental visits or medications. This would include Tylenol for headaches, etc. The only medication that will be approved for pain (unless prescribed by a physician) is Tylenol. You may purchase your own Tylenol from the commissary.

ROUTINE MEDICATION ADMINISTRATION

Routine medication such as blood pressure pills, heart medication, etc. that you might be taking will be set up for you just as it was in general population. If you need a routine medication while at work, it will be set up for you. It is your responsibility to ask for the medication prior to going out the door to work. PRN (as needed) pain medication will not be sent with you to your work site, unless it is a prescription from a physician for something specific.

DENTAL AND PHYSICIAN APPOINTMENTS

If you need to see your physician or dentist, do the following:

1. Make an appointment with them for a specific date and time between 8:00am and 5:00pm;
2. Arrange your transportation for the appointment; and
3. Submit an inmate request form with the following information:
 - Name of doctor and clinic;
 - Time and date of appointment; and
 - Name of person taking you to appointment.

An appointment usually cannot be approved in one hour so make sure you plan enough time so the approval can be obtained from the proper authorities in the Detention Center.

INJURY AT WORK

If you are injured at your work setting, you need to do the following:

1. Inform your supervisor and allow them to decide if they want you seen at the clinic or the emergency room. You have workman's comp (this is a requirement for work release) so your medical injury at work will be covered by this insurance.
2. You will also need to inform Gage County Detention staff that you had an injury; they in turn will notify the nurse.

If the physician orders you to be off work for a period of time due to the injury, then the orders will be followed and you will have to inform your employer when you will return.

I have read and understood the guidelines for medical issues as outlined above.

Inmate Signature

Date

**GAGE COUNTY RULE AND GUIDELINES
FOR WORK RELEASE**

1. I understand that I will pay Work Release fees in advance at a rate of \$15.00 per day for seven (7) days a week (\$105.00), regardless if I am working every day or not. However, I will only be charged for the days I am sentenced in custody. Failure to keep current on each week's fees may result in removal from the Work Release Program. Any suspension or revocation from the Work Release Program will result in the loss of those fees paid.
2. I understand all wages paid to me must be in the form of a check from my employer and include deductions, numbers of hours worked, and pay per hour. A copy of my pay stub must be turned into the Work Release Administrator at the end of each pay period.
3. I agree not to enter into any contracts or to make any purchases not previously authorized by the Jail Administrator or the Sheriff in writing.
4. I will be responsible for medical and dental expenses if I have the funds to do so.
5. I understand that the maximum number of scheduled hours away from the jail will not exceed twelve (12) hours in any one given day.
6. I understand and agree to contact the Work Release Administrator at least 24 hours in advance of any changes in my work schedule. All needed changes in work release schedules must be in writing from the employer. My employer may be contacted at any time to verify my hours, locations, and future schedules.
7. I agree to return to the Gage County Detention Center by the time specified by the Work Release agreement.
8. I will have reliable transportation directly to and from the Gage County Detention Center to my place of employment. I will not drive or ride in any vehicle without prior permission from the Work Release Administrator.
9. I understand that if I DO NOT return to the Detention Center at the specified time, I will be charged with ESCAPE and subject to removal from the Work Release Program.
10. I agree to comply with all local, state, and federal laws.
11. I agree to immediately report any law violation or contact I may have with law enforcement while on the Work Release Program.
12. I agree not to consume any alcoholic beverages, narcotics, marijuana, or drugs other than those prescribed by a physician for my use.
13. I agree not to enter into any establishment whose sole source of income is the sale or distribution of alcoholic beverages.

14. I agree not to visit or allow anyone to visit me during my release unless necessary for the purpose of employment.
15. I agree not to make any phone calls or any form of communication that is not connected with my employment while away from the Detention Center.
16. I agree not to send or receive any personal mail that is not connected with my employment while away from the Detention Center.
17. I understand that jail personnel will search me each time when entering or exiting the jail. This will include a complete strip search of my person.
18. I will not bring any items, which could be considered contraband, into the Detention Center. (Tobacco, drugs, tools, pocket knives or potential weapons into the facility.)
19. I understand that the Work Release Administrator or Sheriff's Designee will conduct spot checks on me during my release.
20. I agree to a search of my person and/or my physical surroundings, which are under my control at any time while on the Work Release Program by any of the Sheriff's Office employees or any law enforcement officer.
21. I understand I am subject to random drug testing of my breath, blood or urine to determine alcoholic content or drug intake. Each drug test of my blood or urine will be at my expense at a rate of \$24.00. This fee must be paid prior to continuing on the Work Release Program. Failure to submit to drug testing will be grounds for removal from the Work Release Program.
22. I understand that if I violate any of the rules or conditions of this agreement, I will be removed from the Work Release Program by the Sheriff or Jail Director and I may be subject to additional legal prosecution under the Statutes of the State of Nebraska.

I have read and understood the Work Release Program Rules and Guidelines as outlined above.

Inmate Signature

Date

GAGE COUNTY INMATE WORK RELEASE APPLICATION

General Information

Name: _____
Last First Middle Initial Maiden

AKAs: _____

Address: _____
Residence City State Zip

Home Phone #: (____) _____ Other Phone (____) _____

Social Security #: _____ Date of Birth: _____

Race: ____ Age: ____ Sex: ____ Height: ____ Weight: ____ Hair: ____ Eyes: ____

Scars, Marks, Tattoos: _____

Marital Status: _____ Number of Children/Dependents: _____

Spouse/Partner's Name: _____ Their Date of Birth: _____

Currently Paying Child Support: _____ Monthly Payment: _____

Currently Under Protection Order: _____ County Issued: _____

Protected Parties: _____
(Primary Party) (Relationship) (Date Expires)

Driver's Information:

Operator's License Status: Valid: ____ Suspended/Revoked: ____ Expired: ____

Operator's License State and Number: _____

Vehicle Description: _____

License Plate #: _____ State of Issuance: _____

Name of Insurance Company (if driving): _____

Court Information

Sentencing Court: _____ Sentencing Judge: _____

Date of Sentencing: _____ Charge(s): _____

Class (Fel./Misd.): _____ Length of Sentence (Month & Days): _____

Number of Days Served: _____ Projected Release Date: _____

Any Charges Pending: _____ Where: _____

Date Work release would start _____

Work Release Information

Have you ever been on work release in the Gage County Detention Center or any other jail or correctional facility in the past? YES NO

If yes, was your work release ever terminated? _____ If yes, why was the work release terminated: _____

Employer: _____

Employer's Address: _____

Business Phone: _____ Time Employed: F/T P/T

Type of Work: _____

Location of Workplace: _____

Supervisor's Name: _____ Contact Phone #: _____

Rate of Pay: _____ per _____ Pay Periods: Weekly Bi-Wk Monthly

Scheduled Days	Business:	Work Location:	Start Time:	End Time:	Travel Time:	Contact Person:
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

You are not allowed out of the Detention Center longer than 12 hours a day.

Past Employment:

1. _____
(Business Name) (Started-Ended) (Reason for Leaving)

2. _____
(Business Name) (Started-Ended) (Reason for Leaving)

3. _____
(Business Name) (Started-Ended) (Reason for Leaving)

Transportation to and from Work:

1. _____
(Name) (Relationship) (State Lic. Issued) (Date of Birth)

2. _____
(Name) (Relationship) (State Lic. Issued) (Date of Birth)

3. _____
(Name) (Relationship) (State Lic. Issued) (Date of Birth)

IN THE COUNTY COURT OF GAGE COUNTY, NEBRASKA

THE STATE OF NEBRASKA)	CASE NO:
	Plaintiff,)	
)	
vs.)	APPLICATION FOR WORK RELEASE
)	
_____)	
	Defendant,)	

1. Name of employer: _____

Address: _____

2. Length of employment prior to submission of application: _____

3. Approximate take-home pay: \$_____ per _____

4. (a) () All fines, costs, fees, and restitution are paid in full. (Disregard b & c below)

(b) () The defendant acknowledges that the total sum of \$_____ is due the court for fines, costs, fees, and restitution. I further agree to endorse all paychecks or turn over my wages in full to the Sheriff for deposit with the Clerk of the Court. The Clerk is authorized and directed to deduct any sums due the court from the wages received. The defendant requests the sum of \$_____ per check spending money but understands that the Court may allow a lesser amount.

(c) () The defendant does not authorize payment of wages into the Court.

5. The employer agrees to employ the above defendant during the hours specified and advise the Gage County Sheriff of any breach of the Order of Work Release. The employer will furnish the Sheriff with a statement showing the hours worked each Friday.

6. The defendant is provided with Workmen’s Compensation insurance for any job related injury.

7. I request to be released from jail at _____ o’clock _____.m. and agree to return not later than _____ o’clock _____.m. weekends and holidays excepted.

8. I have displayed a valid Nebraska driver’s license to the Sheriff.

() Yes () No

9. The defendant further understands and agrees to the following terms and conditions.

(a) The defendant shall proceed directly to the place of employment and upon leaving the place of employment, return directly to the Gage County Jail.

(b) The defendant shall pay \$5.00 per day for each day (s)he is served one or more meals at the Gage County Jail.

- (c) The defendant shall not violate any laws of the State of Nebraska or any city ordinances, or any jail regulations.
- (d) () The defendant shall not leave the premises of employment except to return to the Gage County Jail upon the completion of the workday by the most direct route.
 - () Lunch will be taken at the job site.
 - () Lunch will be taken at _____
 - () The defendant shall keep the Sheriff advised of his/her whereabouts if employment is not at a permanent place and notify the Sheriff's dispatcher of any change in his/her whereabouts at his/her expense.
- (e) The defendant shall not introduce contraband into the jail or transmit any messages to other prisoners.
- (f) The defendant shall provide his or her own transportation to and from employment and shall advise the Sheriff of the license number of the vehicle so used.
- (g) The defendant shall not have in his or her possession nor be in any motor vehicle or other place in which there are alcoholic beverages or controlled substances.
- (h) The defendant is not to leave Gage County, Nebraska for any reason.

Employer

Defendant

The Gage County Sheriff:

- () Has no objection to work release between the hours of _____ o'clock _____.m. and _____ o'clock _____.m. weekends and holidays excepted.
- () Recommends denial of work release for the following reasons:

Comments: _____

(Deputy) Sheriff