

WZ0-H0M700 K-H-ZC3300 K-H-ZC00 WFFMS

WORK RELEASE CONTRACT

Take home, read, fill out, and bring back with you to your appointment.

Attached to this is a letter – please take the letter to your employer. Have them read and sign it. Bring the signed letter to your appointment.

WELLS COUNTY SHERIFF'S DEPARTMENT

Work Release Jail Program Admittance Guidelines

In order to qualify for admittance into the work release program you must meet certain guidelines for admission as follows:

- * Must be physically fit and able to work full time
- * Must be over 18 years of age, or convicted in an adult court
- * Must have no conviction (past or present) of a violent crime
- * Must have no conviction (past or present) of a sex crime (this rule is at the discretion of the program administrators, also to possibly include compulsory attendance of a Court certified counseling agency)
- * Must be reviewed by the program administrators for any battery conviction before being placed on the Wells County Work Release Program.
- * Must have or be able to secure full time employment prior to admittance
- * Must have transportation to and from work
- * No offender convicted of a drug dealing charge, misdemeanor, or felony, will be allowed to be on Work Release in the Wells County Jail
- * No offender can be admitted to the Work Release Program if they have a pending open case or hold, or an outstanding warrant (pending Departmental review)
- * The employer of any Work Release inmate must be an approved place of employment by the Wells County Jail Work Release Program

Procedures for Admission

- * Directly after sentencing by Court, the applicant should report to Community Corrections
- * Applicant needs to bring a letter from the employer, on company letterhead, stating the days worked, the shift hours, and the supervisor's name and work phone number
- * Interview with Community Corrections
- * Fill out the written application and submit it to the Director

Once the applicant has been interviewed by Community Corrections and the application filled out and returned, an admission review will be conducted. This review may include interviews with police, probation officers, family, friends, neighbors, employers, and co-workers.

If a sentence is 14 days or less, the applicant will pay all required fees when reporting to begin serving the sentence.

All work release fees must be paid before an inmate is released from jail.

TO: Work Release Applicant

FROM: Wells County Community Corrections Executive Director

The Wells County Work Release Jail Program was implemented in January 1992 and can house approximately thirty inmates. The purpose of the program is to provide appropriate offenders the ability to maintain employment while executing a sentence imposed by the Court.

You should understand in advance, that if admitted to the work release jail program, you are still an inmate under the custody and control of the Sheriff of Wells County. Failure to follow the rules of the work release jail program may result in your transfer back to secure detention in the jail, and possible imposition of your original sentence to jail or state prison.

The rules and regulations of the work release jail program are designed to make your stay at the Wells County Jail as reasonable as possible. Before you can be accepted into the program you must read all the attached material, fill out the application, and then be scheduled for an interview. The Sheriff of Wells County shall have final authority of who is admitted.

The work release staff will expect far more of you than should be expected of a jail or prison inmate. You will be expected to cooperate fully with staff members as well as other work release inmates. You will be expected to keep your room neat and clean, and you should be prepared to report to work each day with clean clothes and a positive attitude.

If you are accepted into the work release jail program, be prepared to give your very best effort both at work and at the jail. If you have any doubts about your intentions to do your best, you should not fill out the application.

Respectfully,

Scott Holloway
Sheriff

Karen Thompson,
Jail Commander

Blake Poindexter,
Wells County Community Corrections
Executive Director

COMMONLY ASKED QUESTIONS BY WORK RELEASE INMATES

Q. Can you help me get an early release?

A. No. Work Release is a privilege to begin with. The only way you may obtain an early release is through a sentence modification, which must be obtained through your attorney, and appropriate court judge.

Q. How far away can I go to work?

A. Generally, you must work within Wells County, Huntington County, Grant County, Blackford County, Jay County, Adams County and Allen County.

Q. If I get paid every two weeks, do I still have to pay my Work Release fee every week?

A. Yes. You must allot enough money from your check to be able to pay your fee each week.

Q. Can I do my personal laundry at home?

A. No. You must make arrangements with the jail for your laundry.

Q. What happens if I cannot, or do not, pay my fee on Friday each week?

A. You will not be allowed to go to work until it is paid.

Note: Now that you have read and understood the answers to these questions in advance, there should be no need for you to ask them of the staff. Please, do not embarrass yourself or take up the staff's time by asking them.

List of Approved and Non-Approved Items for Work Release

Items you may bring in:

1. Cash, certified check, money orders, government checks, cashier's checks may be placed on the inmate's account.
2. Only work clothes allowed.
3. Five "T" shirts, five pair of socks, five pair underwear and one set of insulated underwear. Females are allowed 2 brassieres.
4. Any clothing, other than listed in #3 can be accepted in exchange for clothing items on the inmate's hanger. If an inmate does not have a complete set of clothing on his/her hanger, clothing may be accepted to bring it up to par.
5. Legal documents.
6. Only jail issued clothing will be worn by inmates. Work Release inmates will exchange jail clothing when they leave the facility. They will change again to jail issued clothing upon their return to the jail.

Some of the items you may not bring in:

1. No items that can be ordered from commissary will be accepted.
2. Newspapers must be by mail.
3. Any books, etc. brought into the jail become the property of the jail. The jail has a library with reading materials for the inmates.

WELLS COUNTY SHERIFF'S DEPARTMENT

General Rules and Regulations

As an inmate of the Wells County Jail, you shall be required to adhere to the following rules and regulations. Further specific guidelines and instructions will be provided to you, if accepted into the program.

1. Electronic Monitoring:

An electronic monitoring transmitter will be installed on your person so your activities outside the jail can be monitored. You will be responsible for the care of this unit and, if damaged, you will reimburse Wells County Community Corrections \$500.00 for the cost of the unit.

Participant Initials _____

2. Financial:

Every inmate assigned to the work release jail program will be required to pay a weekly fee to the Wells County Jail. The work release program fee is set by the Sheriff of Wells County. This fee will not be reduced by days off, holidays, layoffs, sick days, or other income adjustments.

There will also be a fee of \$5.50 per day, payable to Wells County Community Corrections, for monitoring. This fee must be paid every Thursday in the form of a money order. This fee is subject to change at any time. Failure to pay fees weekly will result in your not being allowed to go to work until all fees are paid up. The cost to be housed at the Wells County Jail is \$18.00 per day. That money order should be made out to Wells County Jail.

If you have a drug screen test, your cost to Wells County Community Corrections will be \$25.00 for each test.

The work release jail program fee accounts for only a small portion of the actual costs to keep an inmate in this facility. For each dollar collected from offenders, the taxpayers of Wells County contribute several dollars to keep the work release program operational.

Participant Initials _____

3. Employment:

Disciplinary action may be taken against you if you fail to report to work or perform other assigned duties of the work release program.

You will report directly back to the jail if released (voluntarily or otherwise) from regularly scheduled work hours.

Note: During a period of a weather or disaster emergency declared by the Sheriff, only the Sheriff, Jail Commander or Community Corrections Director can suspend the privilege of leaving jail for work.

You must work within Wells County, Huntington County, Grant County, Blackford County, Jay County, Adams County or Allen County. Any work outside those counties will be at the discretion of the Wells County Community Corrections Executive Director. Sunday work will be permitted only if it is a regular scheduled workday. Holiday work shall be determined by the Executive Director.

You will not be allowed to change employment while participating in this program without prior approval.

Participant Initials _____

4. Wages:

You agree that the work release and monitoring fees shall be paid first from the total income earned during the week, to be followed by any court ordered payments. The remainder of the check will be used at your discretion. However, it is expected that if you are required to pay support or other court owed monies, you will make those payments on time. Failure to maintain regular court ordered payments on time will be grounds for disciplinary action.

Participant Initials _____

5. Verification of Daily Activities:

You will be punctual and accountable to the Wells County Jail for your whereabouts at all times. You are required to call the on-call phone # (260)824-6411 to notify us of any change in location of worksite and give the new location, address and phone number. Going out to lunch is prohibited.

Your work schedule for the coming week and any validation slips from the previous week, along with your money orders are to be turned in every Thursday.

Participant Initials _____

6. Route of Travel:

As per your court order of Home Detention, while on Work Release you are to take the most direct route to any approved leave on your schedule by the Wells County Community Corrections Staff. The offender will provide at check-in every week the route information in detail with their schedule.

Participant Initials _____

7. Vacation:

You are expected to notify Wells County Community Corrections of any outstanding sick days that have been accumulated, or any vacation or personal days that you have not yet used. If you attempt to take any sick leave or any time off what-so-ever, while on work release, without proper notification to Wells County Community Corrections prior to the action, this will constitute a violation of the Work Release Jail Program contract.

Participant Initials _____

8. Vehicles:

If you are driving a vehicle to the Wells County Jail, you shall park in a designated space assigned by the jail staff. All vehicles shall be locked when unattended. You must keep Community Corrections notified on your weekly schedule of any vehicle you will be traveling in, the license number and a description of the vehicle.

It is understood that any vehicle driven by you shall be subject to search at any time by the jail staff. You shall be held accountable for any contraband found in the vehicle. For the purposes of this rule, the following items will be considered contraband:

1. Any alcoholic beverage
2. Any alcoholic beverage container
3. Any type firearm (including toy firearm)
4. Any type of fireworks
5. Any bow or arrow
6. Any type knife
7. Any controlled substance

If you are driving a vehicle, you shall not have any occupant in your vehicle unless prior approval has been received from Community Corrections. Proof of valid license and insurance will be required before permission for a vehicle will be allowed.

Participant Initials _____

9. Searches:

You shall be subject to a search of your person or belongings at any time while an inmate of the work release program. However, no member of the opposite sex shall be authorized to conduct a strip search of you, and any strip searches will be conducted only according to staff policy. Unless exigent circumstances warrant; two staff members will be present. This does include your vehicle, and any designated locker space or location at a place of employment where your personal belongings are kept.

Participant Initials _____

10. Drugs:

Any use of any product containing poppy seeds, all hemp products, including hemp seed oil and The Vicks Inhaler is strictly prohibited. You shall agree to take a urine test for the presence of drugs upon request. These tests will be administered routinely during your stay at the jail. If a positive test result comes back, the results will be reviewed, another test may be given, and actions may be implemented, with no right of recourse. In addition, you may loose good time credit at the discretion of the Jail Commander, Sheriff and Community Corrections Executive Director as well as face criminal charges against you. If you fail to give a sample within a two (2) hour period after being asked to provide one, your refusal will be considered the same as a positive test. Failure or refusal to submit to such testing, or tampering with a test sample, shall be considered the same as a positive test. If a test returns twice as a diluted sample, it will be considered a positive test. You shall pay \$25.00 for each drug test given.

Participant Initials _____

11. Alcohol:

No alcoholic beverages will be consumed in or brought onto the Wells County Jail property. You will not be allowed to consume an alcoholic beverage at any time during your sentence (this includes while at work or any time away from the jail). You shall agree to submit to a test for the presence of an alcoholic beverage at any time. Refusal to agree to the test will result in termination from the Work Release Program. Consumption of an alcoholic beverage shall result in immediate transfer to the secure area of the jail and you will be immediately terminated from the Wells County Jail Work Release program.

Participant Initials _____

12. Smoking:

Smoking will not be permitted.

Participant Initials _____

13. Gambling:

No form of gambling shall be allowed on the jail property.

Participant Initials _____

14. Medical:

You will be financially responsible for any medications, medical care, including dental care, while an inmate at the jail. Medical appointments shall be arranged in advance with the jail staff.

Over-the-counter medicines, as well as prescribed medications, shall be checked in with the jail staff. You will not be allowed to have in your possession an over-the-counter medication nor prescribed medication without the consent of the administrators of the work release program. Any prescription medication found in your possession, without prior staff approval, shall result in immediate disciplinary action.

Participant Initials _____

15. Sickness:

If you are too sick or ill to go to work, report to the staff member in charge and you will be allowed to call your place of employment and advise them of your status. You also need to call the on call officer at (260)824-6411 to advise that you are sick.

Participant Initials _____

16. Meals:

Sunday through Saturday:

	From	To
Breakfast	6:00 AM	7:00 AM
Lunch:	11:00 AM	12:00 PM
Supper:	5:00 PM	6:00 PM

Sack lunches will be provided. Going out to lunch is prohibited.

Participant Initials _____

17. Visitation:

Visitations are restricted to the posted times at the Wells County Jail. Any visitations at the work site or to or from work without approval by Wells County Community Corrections, the Jail Commander, or the Sheriff, will constitute a violation of the Work Release Jail Program contract.

Participant Initials _____

18. Phone Calls:

As outlined in the Jail Rule Book.

Participant Initials _____

19. Mail:

You may receive mail by having it addressed as follows:

Mr. John Doe
Wells County Jail
1615 E. Western Avenue
Bluffton, In 46714

All incoming mail will be opened and inspected by the Wells County Jail staff for the presence of contraband. Only letters will be accepted into the Wells County Jail. No books, magazines or packages will be accepted.

Participant Initials _____

20. Room:

You will be assigned to a room during your stay in the jail. It will be expected that your bed will be made according to staff policy any time it is not occupied. In addition, your room will be clean and neat whenever it is unattended. You will receive specific instructions upon admittance.

You will not be allowed to bring a television, radio, tape recorder or any other piece of electronic equipment into the jail. You can purchase an alarm clock from Commissary. You will not be allowed to enter into another inmate's room at any time, for any reason without permission.

Participant Initials _____

21. Clothing:

While in residence at the jail, you shall be allowed no more than **five pair of pants, five shirts, five sets of white underwear and socks, one sweater, one jacket, and one pair of shoes**. Exceptions for additional clothing will be made during the winter months.

Any clothing depicting suggestive or offensive messages, messages encouraging alcohol or drug abuse, suggestive sexual messages, or political, religious or racially provocative messages, will not be allowed in the jail.

Clothing must be maintained in acceptable condition. The Jail Officers shall have the final decision regarding the suitability of any articles of clothing or dress brought into the jail.

All bedding and towels will be supplied by the Wells County Jail. Those items remain the property of the Wells County Jail and can not be removed from the jail. You will be financially responsible for the loss or damage to these items.

All laundry is done by the Jail staff, unless otherwise approved.

In addition you are required to take at least one shower every day. When you leave the shower room, take your soaps, shampoos, etc., with you.

22. Jewelry:

Wedding rings without stones may be worn in the jail at your risk. However, the jail assumes no liability for loss or damage to such items. Excluded shall be those items of jewelry that appear to give the impression of being drug paraphernalia or items that may pose a danger to the jail order or safety.

Participant Initials _____

23. Haircuts:

All haircuts will be given at the jail and taken care of through the Jail Commander.

Participant Initials _____

24. Release Date:

No early release will be approved by the jail staff. Only a court order will cause an early release. Do not ask the staff or the director to change your release date. They are not authorized to do so.

Participant Initials _____

25. Discipline:

You may be written up by a staff member for any violation. Serious violations may result in your removal from the work release program. The Sheriff or Jail Commander of Wells County may cause your permanent removal and loss of good time credit.

Participant Initials _____

26. Conduct:

You will not loan money to other inmates, nor borrow money or other items from other inmates. You are expected to conduct yourself properly during your stay in the jail. Fighting, foul language, and disrespect toward one another or staff will not be tolerated.

Participant Initials _____

27. No Contact Orders:

If a no contact order is issued, the offender is NOT allowed to have contact by the following means:

- A. Phone/Cell phone
- B. Texting/Social Media (Internet)
- C. In Person
- D. Third Party individuals
- E. Written

Also, you are NOT allowed to go past the victim’s home, work or any other routine location Such as schools, churches etc. Wells County Community Corrections will provide a list and/or map of the exclusion zones.

Participant Initials _____

28. Escape:

Failure to return to the jail from work is a felony crime of escape. If prosecuted and convicted you could receive an additional penalty of one to three years in a state prison.

Being in an unauthorized place, or leaving your place of employment without authorization, could result in your being charged with the crime of escape [IC 35-38-2.5-6, IC 35-44-3-5].

Participant Initials _____

Have all of your questions been reviewed and answered adequately by WCCCD staff and are the rules clearly understood by you prior to signing this contract? ____Yes ____No

I have read, understand, and agree to the above work release program rules and regulation.

I understand that participation in the work release program is voluntary, and I can be removed from the program at the discretion of the director without right of recourse or appeal. I understand and agree that I will not hold Wells County Community Corrections or any employee liable for any injuries or illness I may suffer while I am a participant of the work release program and I agree to indemnify and hold said agency and individuals harmless from claims for damages or injuries incurred by others resulting from my actions.

I further understand that by signing this agreement I freely and voluntarily consent to a search of my person and all my property while on work release. I further understand that any evidence found as a result of said search of my person or property may be used against me in any disciplinary hearing while at the jail, as well as evidence in a court of law.

I further understand that it is a Class D Felony to flee lawful confinement or to fail to return to lawful confinement as required.

I understand each of the rules above and have indicated my understanding by placing my initials in from of each rule. I agree to follow each of the rules above. I acknowledge that any failure to abide by the rules above may result in a Notice of Violation being filed with the Court or the DOC; whichever is appropriate. If the Court or the DOC finds that I am in violation of the rules, my placement within Community Corrections may be revoked and I may be ordered to serve my sentence in the DOC. Additionally, a violation of any rule may result in an Administrative Hearing. If I am found in violation at the Administrative Hearing, I may be deprived of all or part of my "good time" credit. Violations may also be reported to the Wells County Prosecutor or other law enforcement and may result in my arrest and criminal prosecution. If I am on probation, I understand that a violation of the above rules may result in the Court revoking my probation and ordering me to serve all or part of any suspended sentence in the DOC.

Work Release Participant Signature: _____ Date: _____

Work Release Participant (Please Print) _____

WCCCD Intake Officer Signature: _____

Work Release Application

****Please Print****

Name _____ Home Phone _____
 First Last MI

Nickname _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

How long at this address? _____

SSN# _____ Sex _____ Married, Single, Divorced _____

Race: White ___ Black ___ Hispanic ___ Asian ___ Native American ___ Other ___ Explain _____

US Citizen _____ Yes _____ No Are you a Veteran _____ Yes _____ No

Date of Birth _____ Age _____ Number of Dependents _____

Height _____ Weight _____ Eyes _____ Hair _____

Highest Grade Completed _____ GED/Diploma ___ Yes ___ No Are you interested in

G.E.D. ___ Yes ___ No

Are you required to pay support? ___ Yes ___ No Weekly \$ Amount: _____

Do you have a valid driver's license? ___ Yes ___ No Are you suspended ___ Yes ___ No

If valid, print your operator's license number _____ Expiration date _____

License plate number _____

Do you request to drive your vehicle to and from work? ___ Yes ___ No If yes, state the

name of your insurance company _____

Policy Number _____

Employment

Employer _____

Address of Employer _____

Work Hours _____ A.M. _____ P.M. to _____ A.M. _____ P.M. How long employed here? _____

How many hours a week do you work? _____ Hours. Gross earnings per week _____

Name of Supervisor _____ Work Phone # _____

PREVIOUS
EMPLOYERS

DATES WORKED
TO: FROM:

REASON FOR LEAVING
(IF FIRED, EXPLAIN)

What crime are you currently charged with? _____

Who is your attorney for this case? _____

What is your attorney's phone number? _____ Are you currently on probation or parole? ___ Yes ___ No

If yes, who is your probation or parole officer? _____

Are you going to Court for any other charges? _____

If so, what charges and what Court? _____

List all prior misdemeanor and felony convictions:

DATE: CHARGE: COUNTY: STATE:

In your own words state why you believe you would be a good candidate for the Work Release Jail Program?

Do you have Health Insurance? ___ Yes ___ No If so, what type do you have? Check one below
Medicaid___ Medicare___ Coverage by Employer___ Other___(Please list below)

If covered by Employer or other, list the Insurance Company Name_____

Name of family Doctor_____

Are you currently under a Doctor's care? ___ Yes ___ No If yes, describe in detail: _____

Are you taking any prescription medication at this time? ___ Yes ___ No If yes, please fill in page 14.

Are you currently attending an AA program? ___ Yes ___ No If yes, at what location _____

_____ When does the program meet ___Monday ___ Tuesdays ___ Wednesday

___Thursday ___ Friday ___ Saturday ___ Sunday.

In case of emergency, notify:

Name_____ Relationship_____ Phone_____

Name_____ Relationship_____ Phone_____

Have you answered all the questions and to your knowledge is this information complete and accurate?

___ Yes ___ No

Work Release Participant Signature:_____ Date:_____

DRUG USE QUESTIONNAIRE

Work Release Participant Name: _____ Date _____

During the past thirty days, I have used the following drugs and/or medications:

I. PRESCRIPTION: Prescribed by Dr. _____

Telephone #: _____ Address: _____

	<u>DRUG</u>	<u>DOSE</u>	<u>FREQUENCY</u>	<u>DATE LAST USED</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____

II. OVER-THE-COUNTER MEDICATION:

	<u>MEDICATION</u>	<u>DOSE</u>	<u>FREQUENCY</u>	<u>DATE LAST USED</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____

III. ILLEGAL DRUGS:

	<u>DRUG</u>	<u>DOSE</u>	<u>FREQUENCY</u>	<u>DATE LAST USED</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____

Work Release Participant Signature _____ Date: _____

DRUG ADMISSION FORM

I hereby admit that I have used the following drug (s):

on the following date (s): _____

without proper medical authorization in the form of a valid prescription or physician's instructions.

This admission of drug use is made voluntarily without threat or promise, and I understand that it can be used against me in a court of law.

Work Release Participant Signature: _____

Work Release Participant (Please Print) _____

Date: _____

Witness: _____

WORK RELEASE POLICY CONCERNING DRUGS AND ALCOHOL

CAUTION: The following document is legally binding. Read and understand it before signing. If you have any doubts about any part of it, consult an attorney before signing.

Participation in the Wells County Work Release Program is voluntary. Those who apply must understand that they do so of their own free will. Additionally those who apply must understand that the program has a zero tolerance of alcohol and drugs. Therefore every applicant for the Work Release Program is required to sign the following document prior to being accepted into the program.

If admitted into the Wells County Work Release Program I understand and agree to the following terms, without the right of a disciplinary hearing.

- A. That if I test positive for marijuana or any other illegal drug, or possess or consume alcohol, I will immediately be taken back to jail and removed from the program. In addition, I may also lose all good time credit toward my sentence.
- B. If I am on probation while in the work release program, I also understand that a formal charge of probation violation may be filed with the court.
- C. If I am removed from the work release program for any of the above reasons, I understand that I will not be eligible for the program for two years from the date of the violation.

By my signature below, I acknowledge that I have read and understood all of the above and agree to all the disciplinary terms as stated.

Work Release Participant Signature

Date

Reviewed with Inmate by _____

Date of review _____