

**Hopkins County Jail
Inmate Work Release Verification and Rules**

Any violation of the law, 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 a show cause hearing with the sentencing judge.

Please complete the following information. The work release coordinator will verify the information supplied. Any fraudulent information supplied by you may result in the loss of work release privileges. You will be charged a work release fee of \$20.00 per day, even on the days you don't work.

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 & Hours: _____

Pay Schedule (Circle One): **Weekly** **Every 2 Weeks** **Other**

If other, please specify: _____

Inmate Rules

1. The jail staff 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 worksite. However, you may not go into an establishment that serves alcohol.
3. You may go to your residence to eat meals and clean up before and after work. However, you will not be granted extra time to report to your residence.
4. Your employer does not have the authority to allow you time off to take care of personal business. The only exception would be to seek medical attention. You will be responsible for your own medical bills and must bring a Doctor's Excuse that indicates the arrival and departure times from the doctor's office.
5. You shall not use drugs or alcohol (including OTC medications containing alcohol) while on work release. You shall submit to random drug and alcohol tests through the jail. Failure to submit to testing or attempts to alter the test will result in automatic termination from work release.
6. By signing this document, you are giving consent to the search of any vehicle you drive on to jail property.
7. You are responsible for scheduling your own transportation to and from work.
8. If you are excused from work early or terminated, you will report immediately back to the jail.
9. You shall pay work release fees every Friday or every other Friday, depending on you pay schedule. Failure to pay fees will result in suspension of work release privileges.
10. Due to being granted work release, you will not receive any visits while in jail unless granted by the Jailer or his designee.
11. You must carry the work release tracking phone with you at all times while outside the jail.
12. You will be held responsible for any damage, intention or accidental, to the tracking phone. If you do not return the equipment in the condition in which you received it, you will be charged for the repair or replacement of the equipment (up to \$3,000.00). 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 Coordinator: _____ **Date:** _____