

# Work Release Application

Sumner County Sheriff's Office  
610 E. Hillside, Wellington, Kansas 67152  
620-326-8941

Applicant's Name: \_\_\_\_\_ Court Case No. \_\_\_\_\_

## **I. INSTRUCTIONS:**

This packet is to be completed by the Inmate requesting work release, and confirmed by the Inmate's Employer. Respond to all questions and requested information.

When submitting this packet, include a *copy of the Court's Journal Entry or other Order* reflecting the Court's approval for the Inmate to request work release (subject to confirmation of the packet's information, and the Sheriff's acceptance and final approval).

Inmates not eligible for work release are: those convicted of a violent offense, those who have a criminal case pending in any court, those serving a sentence of less than 11 days, and those having previously escaped or otherwise unlawfully left custody.

Acceptance into the program is not a right and is not guaranteed. Work release exists to assist the Inmate, the Inmate's family, and the Inmate's employer.

Allow at least seven (5) business days for investigation and processing of the Application.

Submit the complete package to the Jail Supervisor at the above address.

## **II. RULES OF THE PROGRAM:**

1. The Inmate will be employed.
2. The Inmate will furnish his/her own transportation to and from employment.
3. The Inmate will furnish his/her own employment clothing and other employment needs.
4. The Inmate will return to the Jail promptly after work, and will use the most direct travel route to and from employment.
5. When returning to the Jail after the regular Jail mealtime, the Inmate may obtain food at a drive-thru and consume the food in the car prior to entering the Jail.
6. Changes in the Inmate's work schedule and/or work location(s) will immediately be reported by the Inmate to the Jail Supervisor.
7. Inmate medical appointments are to be approved by the Jail Supervisor and will be the financial and transportation responsibility of the Inmate.
8. The Inmate is responsible for their medications, and such medications will be provided to the Jail for retention and dispensing.
9. The Inmate will be subject to blood and/or urine testing at any time and at the Inmate's expense.

10. The Inmate will not possess, consume, transport, or use alcohol, cereal malt beverage, unprescribed controlled substances or other items of contraband (those items not permitted into the Jail).
11. The Inmate will pay a program fee of \$20.00 per work day. The program fee will be subtracted from the Inmate's commissary fund prior to work days. The Inmate is responsible to confirm that sufficient funds are in the Inmate's commissary fund to cover the program fees.
12. Upon violation of any program or Jail rules, the Inmate will be suspended from the program.

### III. INMATE INFORMATION:

Inmate's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Age: \_\_\_\_ DOB: \_\_/\_\_/\_\_ Sex: \_\_ Race: \_\_ Height: \_\_\_\_ Weight: \_\_\_\_

Special Characteristics (Tattoos, etc): \_\_\_\_\_

Spouse: \_\_\_\_\_ Address: \_\_\_\_\_

Spouse's Cell Phone: \_\_\_\_\_

Have you ever been in a work release program? \_\_\_\_\_

If so, When: \_\_\_\_\_ Where: \_\_\_\_\_

DL #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Vehicle(s) to be used to and from work:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Tag: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Tag: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Tag: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Employment: \_\_\_\_\_

Work Site Address(s): \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Days of Employment: \_\_\_\_\_ Hours of Employment: \_\_\_\_\_

**IV. EMPLOYER'S VERIFICATION:**

I, \_\_\_\_\_, am the applicant Inmate's Supervisor, and I hereby confirm that the Inmate works for the listed employer, and will generally work the hours and at the location(s) listed in this Application.

Date: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Supervisor's Cell Phone

**V. INMATE'S AGREEMENT**

I, \_\_\_\_\_, am the applicant Inmate. 1) I understand the rules of the Sumner County Work Release Program and the Sumner County Jail; and, 2) I understand that the information that I have provided in this Application will be verified by the Sheriff; and, 3) I certify that the information contained in this Application is true and accurate to the best of my knowledge; and, 4) I agree to follow and abide by the rules of the work release program and of the Jail; and, I have attached hereto **a copy of the Sentencing Judge's Order.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Inmate's Signature

**VI. INVESTIGATION AND SHERIFF'S DECISION**

Investigation Completed On: \_\_\_\_\_ By: \_\_\_\_\_

Recommendation (circle):      Approve      Deny      Date: \_\_\_\_\_

Sheriff's Decision (circle):      Approved      Denied      Date: \_\_\_\_\_

\_\_\_\_\_  
Sheriff/Undersheriff