

Morgan County Work Release Application

(Please print information clearly)

Application must be filled out in its entirety. Requested documentation must be included or the application will not be accepted. If you are currently incarcerated your family/attorney may forward the requested information. If this is the case, you need to indicate such with a note and be advised that the application will not be reviewed until such information is received.

Name _____ Age _____
Last First MI

Date of Birth _____

A copy of your birth certificate or Social Security card must be submitted with this application

Address _____

City _____ State _____ Zip _____

() _____ () _____ () _____
Home Work Cell/Other

Place of Birth: State: _____ City: _____

[] Married [] Single [] Divorced # of Dependents _____

Are you required to pay child support? Y N Weekly amount paid _____

Criminal History Information:

Please attach a copy of the police/case narrative of your current case.

What are you being sentenced for? _____

(Felony) _____ or (Misdemeanor) _____ (circle appropriate response) Level 1 2 3 4 5 6

Cause number: _____

Attorneys Name _____ Telephone # () _____

Do you have any pending charges other than this charge in this or any other jurisdiction? (Yes) _____

(No) _____ if yes, indicate:

Court: _____ Status: _____

Charge _____

Do you have an active Protective or No Contact Order? (Yes) _____ (No) _____ if yes, indicate:

Person Protected: _____

Have you ever been arrested for a violent or sex crime? (Yes) _____ (No) _____ if yes, indicate:

State: _____ County: _____ Year: _____

Charge: _____

Have you ever been charged with failure to appear for court? (Yes) _____ (No) _____

Have you ever been charged with Escape or Failure to report to lawful detention? (Yes) _____ (No) _____

If you answered yes to either of the above, please explain:

Are you on Probation or Parole? (Yes) ___ (No) ___ Where? _____
Officer: _____ Contact number: _____

Employment Information

Employer _____ Phone _____
Address _____ City _____ Zip _____

Date of Hire _____ Days worked per week _____
Hour usually worked _____ Hourly salary _____

Earnings before deductions _____ per week biweekly monthly

Take home pay _____ per week biweekly monthly

Name of Supervisor _____ Telephone _____

Personal Information

High School Graduate? (Y)___ (N) ___ Yr _____ GED? (Y)___ (N) ___ Yr _____

Military Service? (Y) _____ (N) _____ Branch: _____ Date inducted: _____

Date discharged: _____ Honorable discharge: (Y)___ (N) ___ Other: _____

If you answered other, please explain: _____

Alcohol/Drug use:

Alcohol consumption per week: _____ Last Drink: _____

Drug use: What kind? _____ Last use: _____

Medical History

Are you currently under doctor's care? (Yes) ___ (No) ___ If yes, describe medical condition in detail: _____

Doctor's name: _____ Telephone _____

Are you taking any prescription medication at this time? Y N If yes, give the names of the medication and how it is taken (i.e. oral, injected etc). _____

Drivers Information

Do you have a valid driver's license? (Yes) ___ (No) ___ OLN # _____

State Issued _____ Expiration Date _____

Are you requesting to drive your vehicle to and from work? (Yes) ___ (No) ___ If yes, answer the following vehicle information:

Make: _____ Model: _____ Year: _____ Color: _____

Plate Number: _____

A copy of a valid registration must be submitted with this application if you plan to drive.

Insurance Company _____ Policy # _____

Insurance Agent _____ Telephone # () _____

A copy of your current insurance card or receipt must be submitted with this application.

Person(s) to notify about financial support and transportation needs:

Name _____ **Relationship** _____ **Phone ()** _____

Name _____ **Relationship** _____ **Phone ()** _____

Name _____ **Relationship** _____ **Phone ()** _____

Name _____ **Relationship** _____ **Phone ()** _____

I have reviewed the information above and declare that it is true and factual.

Applicant's Signature: _____

Date: _____

Reviewed: 12/07/2022

Morgan County Work Release Contract

In addition to acknowledging the completeness and the accuracy of the information on the application, I hereby agree to the following in regard to my participation in the Morgan County Work Release program:

1. I have read the Morgan County Work Release Program contract, or have had it explained to me and have had the opportunity to ask any questions about it that I have. I now believe that I understand its contents and meanings.
2. I agree to abide by the rules of the Court and the Morgan County Work Release Program as outlined in this contract and the Work Release Participant handbook, applicable court orders and applicable rules of probation. Failure to do so may result in immediate transfer to the Morgan County jail, as well as additional sanctions, if merited. I understand that I am not to commit any law violations resulting in a new arrest or summons to Court. Failure to obey all Municipal, County, State and Federal laws may result in the termination from the program and the immediate filing of a violation.
3. I accept all responsibility for damages and losses to any property that I bring with me or have provided to me at the Morgan County Work Release Program.
4. I authorize the staff to release progress reports concerning my conduct, as well as photocopied results of duly administered alcohol and drug screens to any law enforcement officer, probation officer, or court as requested in association with my sentence period.
5. I authorize my employer to release any records relating to my employment either in writing or verbally to any authorized staff member of the Morgan County Work Release.
6. I am aware that I may immediately be removed from the program should I fall behind in user payments more than two weeks, or if I test positive for the use of, or found to be in the possession of any alcoholic beverage or any controlled substance, including prescription medication for which I cannot produce a current prescription in my own name. NOTE: this includes testing positive for any THC/CBD products that might be sold. Furthermore, my use or possession may result in the loss of any/all credit time I have acquired during my stay at the WR. I understand that this information can be released to any Morgan County Government official interested in my progress including judges and probation officers.
7. I understand that I have the responsibility to keep the staff informed of any changes in my employment status, work schedule, and all arrangements made concerning transportation to and from the job site. I understand that if my current employment condition is ended, I will owe fees based on my last employer and pay stub until I receive a check from my new employer.
8. I understand that if I finish my work or appointments earlier than scheduled, I am expected to return to the Work Release. I understand that I am NOT to go anywhere other than where the staff has already pre-approved me to go.
9. I understand that I am only to return to my personal residence as approved and failure to follow this rule can result in my termination from the program.
10. I understand that if I do not know the location of my job for the day that I am expected to call/text the location to the Work Release Administrator or his/her designated staff within 30 minutes after leaving for work. I also understand that if my jobsite changes, for whatever reason, I must call/text the location change to him/her as well.
11. I understand that if I drive myself to and from work that I will park my vehicle in the parking lot correctly and secure my vehicle and belongings. I also understand that my vehicle can be searched at anytime.
12. I understand that Morgan County is not responsible for any damage to or stolen property out of my vehicle.
13. I understand that I am not to possess or use firearms, destructive devices or other dangerous weapons while I am serving my sentence in the Morgan County Work Release.

14. I understand that I must pay an intake fee of \$75 (Morgan County Residents) or \$175 (Out of county residents) upon entering the program. This fee will pay for the use of the locks, tote, linens, and a hygiene starter kit etc. I understand it is my responsibility to wash and care for the towels and linens. Any damage or loss of those items will result in fees for replacement.
15. I understand that all hygiene products must be purchased through the commissary and that payment is expected upon ordering. I understand that orders are placed once a week with no exceptions. I also understand that no items may be brought inside the facility without prior approval from the Administrator or designee.
16. I understand that the Morgan County Work Release is a smoke-free facility and that I will not be given smoke breaks. I understand that NO tobacco products will be permitted inside of the Work Release Center nor outside the WR unless it is secured in your vehicle. Not a bicycle or moped.
17. I understand that I am financially responsible for my own meals either from outside establishments, ordered from kitchen, or vending machines within the facility.
18. I understand that all medical/dental care is at my own expense.
19. I understand that taking my prescription medication must be coordinated through the Work Release Administrator with the assistance of Morgan County Jail Medical Staff.
20. I understand that I must pay \$10 a day or one-hour salary per day whichever is greater x's a seven-day week, due on Monday by 12n for the week in advance.
21. I understand that if I am a seasonal worker or have an intermittent work schedule, I will be charged \$70/week regardless of my employment status.
22. I understand that failing to return to the work release at my scheduled time constitutes fleeing lawful detention a Level 6-Felony. Charges will be filed if I am unaccountable for more than one (1) hour.

I have read the stipulations of the contract and accept them. I understand that this does not cover everything but provides a preview of the expectations of the Morgan County Work Release.

Work Release Applicants Signature

Date

Work Release Staff Signature

Date

Updated: 12/7/2022

Employer Notification of Work Release Employee

We _____ are advised that _____
Employer Employee

is applying for Work Release through the Morgan County Sheriff's Department Work Release Program. We agree to advise the Morgan County Work Release Administrator (765-318-2052) should the inmate fail to show up for work or is late. We also agree to allow the Morgan County Sheriff's Department to run routine checks on the whereabouts of said inmate, either by telephone or personal visit. We agree to verify all overtime worked by the inmate by way of written record provided by the immediate supervisor or a copy of the employee time card.

General Information

The hours allowable through the work release program are to be followed:

No more than 12 hours per day. (Unless applicant's position is one that has 8 hour shifts and requires a whole shift be worked. Example a factory) Then he/she may work no more than 16 hours per day.

No more than 6 days per week.

No more than 72 hours per week.

Must be off work at least 8 hours before he can return to work.

Employees must be paid overtime for time worked over 40 hours per week.

Employees must meet all Federal wage guidelines.

Employer will notify the work release center should the inmate be terminated, sent home early, or receives any disciplinary action by employer.

(Inmates name) _____ is charged with _____ (misdemeanor) (felony).

His/her total length of sentence is _____ and has been determined by the court.

Person to contact for verification of attendance:

Supervisor's Name: _____

Address: _____

Contact number: _____

E-mail: _____

Normal work days and hours for employee: _____

Hourly Salary: _____

Please address all questions to the Morgan County Work Release Center

Eric Mullikin, Work Release Administrator

Call or Text 765-318-2052

Email-emullikin@morgancounty.in.gov

Please complete this form and return:

You may electronically forward it to emullikin@morgancounty.in.gov or mail a copy to Eric Mullikin, Work Release Administrator, 160 N Park Ave., Martinsville, IN 46151.

Reviewed: 12/7/2022