

**ADAMS COUNTY SHERIFF'S OFFICE
WORK RELEASE
Preliminary Information Sheet
Print Legibly**

Applicant's Name _____

Address _____

Telephone No. _____

Social Security Number

Date of Birth

Height

Weight

Color of Hair

Color of Eyes

Charge _____ Case No. _____

Starting Date of Sentence _____

Staff Member: Have applicant complete this form prior to receiving Work Release application. Tear off this sheet and forward completed form to Court Services with a copy of the court mitt.

Staff Member's Signature _____

Date and Time _____

Form 4260 (07/17)

WORK RELEASE ORIENTATION

All Prospective Work Release Inmates must attend a mandatory orientation prior to being accepted to the Work Release program. Orientation is conducted on Tuesdays from 3 pm-4 pm. Failure to attend orientation may result in a delay and /or denial of your acceptance to the program. If you are late, you will not be admitted. **If you are sentenced to another county and have been authorized to serve your Work Release sentence in Adams County, please call Work Release prior to completing Orientation/application.**

You must submit your application no later than five business days before the date you turn yourself in. Incomplete and/or late applications may also result in delay and/or denial of your acceptance to the program.

Please bring the following information with you to orientation:

- Colorado Picture Identification
- Your completed application
- Copies of your Driver's license, registration, and insurance if driving yourself
- A copy of your intended bus schedule (if applicable)

The orientation will be conducted in the courtroom of the Facility. Only the applicant and their interpreter will be admitted. Spouses, children, friends, employers, etc., will not be admitted. You will not be authorized to bring any personal property, other than your Work Release applications and required paperwork, into the Facility.

If you have any questions, please call the Work Release staff at 303-655-3480 or 303-655-3481

Adams County Detention Facility

WORK / EDUCATION RELEASE APPLICATION

Provide all information asked for on the application. Incomplete and/or late applications may result in the delay and/or denial of your acceptance into the Program.

When you report to the Facility for the orientation, bring with you any copies of orders from the court, probation reports and/or alcohol evaluations that have been furnished by the sentencing court, and your driver's information or bus schedule.

Orientation is mandatory. Failure to attend orientation may result in a delay and/or denial of your acceptance to the Program. You will not be permitted to attend orientation if you appear to be under the influence of alcohol and/or controlled substances, are late or do not have a valid government-issued ID, or do not have a completed application.

Applications must be submitted at orientation. You are responsible for making a copy for your records. You must attend an orientation no later than a minimum of two weeks before the start of your sentence.

When you report to the Facility to begin your sentence, you must bring your court mittimus and a picture ID. You must be on time. Coming in on the wrong date or at a time other than that ordered by the court is a violation of the court order and may result in denial of entry to the Program. Reporting in under the influence of alcohol and/or any controlled substance is a violation of the court order and may result in denial of entry to the Program. Attempting to bring any weapons, drugs or other contraband materials is a felony and may result in criminal charges. You will be required to pay your first two (2) weeks' Work Release fees when you turn yourself in, a booking fee, and pay any prior debt. Please be prepared to pay your fee in money order. No checks will be accepted or cash.

If you are self-employed, it will be up to you to provide documentation that you have a legitimate job. You will need to provide a business license, last year's income tax returns and W-2s, and contracts for the jobs you'll be doing, prior to your acceptance to the Program. You may also be required to provide further information if deemed necessary by the Work Release Unit.

If you are a full-time student you must provide a copy of your course schedule, signed by the Registrar. Your school counselor needs to sign the Employer's/School Counselor's Work/Education Release Information and agree to supervise you if you are accepted to the Program.

The Work Release Unit will call you prior to your reporting date to complete a Classification interview. Failure to complete this interview will result in a delay or denial of your acceptance to the Program. In order to be accepted you must classify as a minimum-security inmate. If you classify higher than minimum your Work Release acceptance will be reviewed for final approval.

If you have provided all the required information and it has been verified, we will contact you to inform you of your acceptance into the program. If you turn yourself in late, are under the influence of alcohol and/or any controlled substance, do not bring your required fees, or have a warrant for your arrest, you will be denied acceptance to the Work Release Program.

If you are sentenced to Work Release while in custody, you may qualify for Job Search. You must first be authorized by your sentencing Judge to participate in the Work Release Program. To be considered for Job Search you must complete a Work Release Application, attend an orientation, and have the necessary funds on your commissary account to cover your week of job search and first urine screen. You must also provide an itinerary of the job locations you intend to go to for employment. Job Search is limited to five days, Monday through Thursday between the hours of 8:00 a.m. and 5:00 p.m. and Friday 8:00am-12:00pm. You must accept the first job offer you are given. Your new employer will need to complete an employer's agreement form, which will be verified by the Work Release Unit, before you are authorized to begin the job. If you haven't yet turned yourself in, you'll need to have a job to be considered for the Work Release Program. Job Search is not offered to people turning themselves in without a job.

WORK/EDUCATION RELEASE ELIGIBILITY CRITERIA

Work/Education Release is a privilege. The sentencing court must give the initial authorization for this Program at the time you are sentenced, although this does not guarantee your placement in the Program. Completing this application and attending an orientation does not guarantee your acceptance. **If you are sentenced to another county and have been authorized to serve your Work Release sentence in Adams County, please call Work Release prior to completing this application.** The Detention Facility has the authority to approve or deny your placement in the Program.

Several criteria will be considered in determining eligibility. Such criteria include but not limited to:

- Sentencing court and Facility approval.
- Previous criminal history
- Verifiable full-time (minimum of 32 hours per week, maximum of ten {10} hour shifts) employment that is lawful and suitable. It is a conflict of interest to work in the following areas:
 - On any project at the Facility or other Sheriff's Office buildings.
 - At any establishments where the primary commodity may have been a contributing factor in the current charge (i.e., liquor or weapons).
 - At any job that requires door-to-door sales.
 - Any daycare
 - Employment that keeps the inmate away from the facility for more than six (6) days per week.
 - Employment must be within fifty (50) miles of the facility unless specifically approved by the facility commander/designee.
 - Is pending additional or new charges.
 - Has been convicted of or is charged with any Class 1 Felony offense or sexual offenses.
 - Has been removed from the Adams County Inmate Worker Program for disciplinary reasons during the same incarceration.
- Applicants must agree to obey all Facility rules and regulations. Failure to do so may result in disciplinary action up to and including termination from the work release program.
- Applicants must have financial resources to pay for all incurred costs.

Transportation

- Hitchhiking or riding with other inmates is forbidden.
- You may walk or ride a bicycle to work/school only if you work/go to school in Brighton and have prior approval of the Work Release Unit.
(Bicycles must be equipped with lights as designated by state law.)

- If you will be driving to and from work/school, you must have a valid Colorado Driver's license, a valid vehicle registration, proof of insurance, and interlock contract (if required). Copies of these documents must be produced at the orientation. You must have a reliable automobile. You will not be given permission to stop to have your automobile repaired or serviced (other than emergency authorized by Work release staff). You will be allowed to stop for gas.
- If someone will be driving you to and from work/school you'll need to list their name, address, and phone number on the application as well as, provide their valid driver's license, insurance, and registration.
- Public transportation will be considered on an individual basis. Any abuse of this privilege may result in disciplinary action and/or you having to arrange another mode of transportation. You must provide a written schedule of all the buses and transfers you intend to use. This must be provided at orientation.

Adequate funds to cover financial obligations

- There is a fee charged *in advance* for every day you will be on the program. If your fees are not paid you will not be released for work and may be suspended or terminated from the Work Release Program.
- Fees are different for inmates who are serving another county's sentence at the Adams County Detention Facility. Please call the Work Release Unit prior to applying.

Good Time Earned

- You will earn good time according to Colorado statutes. You will be provided a computation sheet within a few days of your arrival at the Facility. This will explain your credit days and projected release date.

WORK/EDUCATION RELEASE AGREEMENT

As a participant in the Adams County Work/Education Release Program, you must understand and strictly comply with the rules, regulations and laws that govern the Work/Education Release. Your failure to obey such rules, regulations, and laws may result in your suspension and /or termination, with or without notice, from the Program. Your failure to abide by the Facility rules and regulations may result in your suspension and or termination from the Program.

By law, Work/Education Release is permitted pursuant to the provision of section 18-1.3-106, C.R.S. Your Work/Education release status may be terminated or suspended by the court without notice. If this should occur, there is no right to appeal.

Violating any federal, state, local, municipal, or traffic law may be grounds for immediate suspension from Work/Education Release, pending a review and/or disciplinary hearing. You must report all contact with law enforcement to the Work Release Unit, whether or not a ticket or summons is issued.

You will earn good time according to Colorado State statute.

Regular random site checks will be made to ensure your presence at the locations for which you are approved. This involves Facility personnel going to your place of employment/education and/or telephoning you or your supervisor to verify your presence at work/school. If you are not at work/school as scheduled, you must be at the Facility or traveling to/from the Facility. Unauthorized absences may result in disciplinary action. You must receive prior approval from the Work Release staff to make site/location changes.

The Work Release Program operates at the discretion of the Adams County Detention Facility. There may be occasions when Work Release inmates are not permitted to leave the jail for their safety and/or ability to return to the jail. Inclement weather is the primary application of this section.

On each payday, you must provide timecards and paycheck stubs showing the days and hours you worked or were in class. Discrepancies will be verified with your employer/school counselor and may result in your suspension from the Program pending an investigation/hearing.

Any changes in your employment/education status must be reported immediately. This includes change of job/education site, increase/decrease in hours worked/in class, and loss/completion of employment/education. Failure to do so may result in disciplinary action. If you are laid off from your job, you may be granted five days of job search, if approved by the Work Release Unit. If you are fired or quit your job, or are unable to locate work while on Job Search, you may be terminated from the Work/Education Release Program.

Failure to return to the Facility as scheduled may result in the issuance of a warrant for your arrest charging you with the crime of "Unauthorized Absence."

A suspension from the program means you may not leave the Facility.

Any Facility supervisor has the authority to impose an immediate and limited suspension based on your behavior or suspected behavior. Reasons may include:

- **Suspected drug/alcohol use.** Periodically, you will be asked to submit to a breath or urine test. Refusal to submit to the test may result in your suspension or termination from the program. While on the program, you may not drink alcohol or take illegal drugs (including any unprescribed medication, mouthwashes, etc., which contain alcohol or may result in positive findings when you are tested for alcohol/drugs). You must have a prescription and written note from your doctor for all medications you are taking. A copy must be submitted to the Work Release staff. **Narcotics, sleeping medication, or controlled substances/including medical marijuana will not be allowed for any reason, at any time. If you are currently participating in medicated assisted treatment (MAT) reach out to the Work Release program.**
- **Late return to the Facility.** Changes in work/education schedules must be approved in advance by Court Services or the duty sergeant, who must notify Work Release staff. You may be suspended if you fail to inform the appropriate personnel of a change in your hours out of the Facility. Request for weekend overtime must be submitted in writing 72 hours in advance from your supervisor. Any change in your work schedule must be submitted in writing by your supervisor and verified verbally by the Work Release staff.
- **Failure to comply with Facility rules** outlined in the Inmate Handbook or Program rules outlined in this agreement.

A formal hearing will be held following the action of a limited suspension. The hearing officer has the authority to impose sanctions that include but are not limited to suspension from the program for a set number of days and termination from the program. In addition, you may be required to attend another orientation prior to returning to work. While on suspension pending a hearing, you are required to pay your Work Release fees. If you are found not guilty at the hearing and were suspended, you will not pay the fees for that time and will receive good time credits. If you are removed from the program, good time credit and fees stop upon removal.

If you are terminated from the program, you will be refunded any fees you have paid in advance that exceed the last day of your participation in the program.

If you are terminated from the program for a disciplinary sanction, you may apply for the Inmate Worker Program after 90 days. You will earn only statutory good time unless you are accepted in the Inmate Worker Program.

You must park in the designated Work Release parking area. If someone is giving you a ride, they must pick you up in the Work Release parking area. When you leave/return to the Facility, you must stay within authorized areas. If you are found in any unauthorized area, disciplinary action may be taken.

You will not be eligible to attend regular programs while in the Facility. When possible, programs will be provided in your living area.

You may have visits from family and friends at designated visiting times. The module personnel will advise you of these times upon request.

You may not leave the housing area unless requested by a staff member. Failure to comply may result in disciplinary action.

When you are booked into custody, you will be given standard issue with the exception of all clothing items. You will be assigned a living area and escorted there by a deputy. You may view a copy of the Facility Inmate Handbook on the kiosk and are responsible for knowing and abiding by all policies of the Facility.

In addition to the Facility issued property (see the Inmate Handbook), you may have the following in your possession:

- Three complete changes of clothing, including undergarments (no underwire bras), socks, jeans, suits etc.
- One pair of shoes/boots (for work only).
- One pair of casual or sweatpants, one T-shirt/sweatshirt with, **no slogans, pictures, or any type of writing** on them.
- One coat/jacket, cold weather coveralls, hat /cap gloves, and an umbrella.
- One ring of keys (tag or medallion ok). Handcuff keys shall not be permitted.
- A wallet or small clutch purse no larger than 3 X 7 with an I.D., ATM/Bankcard.
- No more than twenty (20) dollars in cash, of which may be three (3) dollars in quarters.
- A watch.
- A belt with a fixed, permanent buckle no larger than 2 inches by 1 ½ inches.
- One mechanical wind-up clock.
- One pair of sunglasses, prescription glasses, tobacco products, 1 lighter, and approved jewelry same as Facility Policy except for watches.
- A cellular telephone/pager.
- Approved Books/Papers for school.
- Bicycle helmet and headlamp.
- 1 plastic grocery sack (to carry items in and out).
- All other requested items must be pre-approved by the Court Services Supervisor (to review the need for it) and Duty Sergeant (to make a final security decision).
- Attempting to bring in unapproved items is attempting the introduction of contraband and will result in disciplinary action and/or criminal charges. Items that may **NOT** be brought into the Facility include:
 - Food
 - Beverages
 - Reading material, including newspapers, magazines, and books. Work and/or educational-related reading material may be brought into the Facility only when prior approval is obtained from the Court Services Supervisor or Duty Sergeant, who shall make the

appropriate notation on the schedule.

- Additional clothing (unless prior approval has been given).
- Writing material, including paper, pens, pencils, envelopes, stamps, and stickers.
- Hygiene or cosmetic products. Feminine hygiene products will be provided by the facility.

All other property must be kept in your storage locker.

Coin or token-operated washers and dryers will be available, so you may launder your clothes. You may arrange to have clean clothing brought to your work/school during the week but cannot exceed the designated limit of clothing in the facility at any given time.

_____ I acknowledge and agree that the Adams County Sheriff's Office is NOT responsible for the security of my personal property while I am in their custody.

_____ I agree to pay the fees required to be accepted into the program. I must pay for at least two weeks in advance when entering the program. I understand that failure to comply with the fee schedule may result in suspension or termination from the program. In the event of overpayment, I understand that I will be provided a refund. If I am released before receiving my refund, it is my responsibility to make arrangements to pick up my refund check at the Facility within 30 days. If not picked up by then, I understand I will forfeit any refund.

I have read and agree to abide by all the rules and regulations governing the Work/Education Release program as listed above and discussed with me. I understand and agree that failure to comply with these rules may result in my suspension and/or termination from the program.

Inmate Signature

Date

**ADAMS COUNTY SHERIFF'S OFFICE
DETENTION FACILITY
Work/Education Release Application**

COMPLETE ALL QUESTIONS. Please print legibly.

Name: _____

Telephone # _____

Alias/other names _____

Pager/cellular # _____

Street address _____

City _____

How long at this address? _____

Previous address: _____

How long at this address? _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Hair: _____ Eyes: _____

Marital status: _____ Spouse's name: _____

_____ Spouse's address: _____

Parent's names: _____

Parent's address (es): _____

Parent's phone # (s): _____

Highest grade level completed: _____

Number of dependents: _____

Employer's name: _____

Phone #: _____

Employer's address: _____

Supervisor's name: _____

Your Title: _____

Days scheduled to work: _____

Hours scheduled to work: _____ Pay day: _____ Pay rate: _____

Location of job (if different from employer's address): _____

If employed in your present position for less than one year, list:
Previous employer: _____ Phone #:

Address: _____ Job

Who will be responsible for your transportation to/from work?

Name: _____

What is their relationship to you? _____

Phone #: _____

Address: _____

Name: _____

What is their relationship to you? _____

Phone #: _____

Address: _____

Name: _____

What is their relationship to you? _____

Phone #: _____

Address: _____

Who will be responsible for your transportation while at work?

Name: _____

What is their relationship to you? _____

Phone #: _____

Address: _____

Name: _____

What is their relationship to you? _____

Phone #: _____ Address:

Have you ever been on a Work Release program? _____

When? _____

Where? _____

Did you successfully complete it? _____

If not, why?

Are you attending any alcohol/drug abuse or mental health classes/group?

If yes, with which agency?

Agency address: _____

**ADAMS COUNTY SHERIFF'S OFFICE
DETENTION FACILITY**

Employer's/school counselor's Work/Education Release Information Agreement

It is up to you to forward this form your employer. This form must be completed prior to attending orientation.

Applicant's name:

Applicant's Mobile #: _____

Pager #: _____

Employer Name: _____

Phone #: _____

Supervisor's mobile phone #: _____

Supervisor's Pager #: _____

Employer's address:

Name/Address of job site:

Immediate supervisor's name(s): _____

Title _____

Name: _____

Title _____

Name: _____

Title _____

Applicant's job title:

Describe the applicant's duties and/or responsibilities:

How long has the applicant worked for you?

Is the applicant permanent or temporary?

Is the applicant on probation at work?

Can you be easily reached by phone or visited at the job site?

Do you work the same shift that the employee works?

Is the applicant easily reached by phone or visited at his/her job site?

Are you related to the applicant? _____ If yes, how?

Will you know where the applicant is at all times during his shift?

How is the applicant paid? Circle one: Check Direct Deposit

How often is the applicant paid? Circle one: Weekly Bi-Weekly Monthly

Next Pay date: _____

The applicant will not be permitted to work/go to school more than six days a week, nor be scheduled more than a 10-hour shift per day.

List the days of the week and the hours each day which the applicant will be working/in class.

Sunday Monday Tuesday Wednesday Thursday Friday
Saturday

In order for the applicant to participate in the Adams County Work/Education Release Program, it is necessary that his/her employer agree to assist us and agree to notify the Work Release Unit at 303-655-3480 or 303-655-3481, (or the Duty Sergeant at 303-654-1850 ext. 0, after normal working hours) if the applicant:

- Fails to report for work/school or leaves work/school prior to his/her scheduled departure. **This constitutes the crime of “Unauthorized Absence” (section 18-8-208.2, C.R.S).**
- Is late to work/school or leaves work/school earlier than scheduled.
- Leaves the job site during their breaks.
- Is fired.

- Is laid off.
- Is injured at work.
- Is believed to be using alcohol and/or controlled substances.

The employer will also be responsible for providing the Work Release Unit with a copy of the applicant's time card on a weekly basis to verify their presence at work. Any changes in the applicants work schedule must be provided in writing by the supervisor. This letter must be submitted at least 48 business hours before the change is to take place. You must then be available for the Work Release Unit to confirm this request verbally. Last-minute overtime requests will not be considered, nor will requests that come from the inmate.

Supervisor signature(s):

Printed Name: _____

Signature: _____

Date _____

Title: _____

Pager/cell phone # _____

Name: _____

Signature: _____

Date: _____

Title: _____

Pager/cell phone # _____

PLEASE MAKE A COPY OF THIS AGREEMENT FORM FOR YOUR RECORDS

**ADAMS COUNTY DETENTION FACILITY
WORK/EDUCATION RELEASE PROGRAM
MEDICAL INFORMATION SHEET**

Complete this form. Please print legibly.

Name: _____ Date of birth: _____

Social Security Number: _____

Physician: _____ Phone #: _____

Physician's office address: _____

Insurance company: _____ Policy Number: _____

Primary carrier's name: _____

Diagnosis: _____

Are you taking any medication (including over the counter medication)?

If yes, please list the medications, dosage and frequency:

Are you diabetic? Yes No Do you have any disabilities? Yes No

Do you require any ADA accommodations due to your disability? Yes No

If yes please describe:

Special diet needs: _____

In case of an emergency, contact:

Relationship:

Address: _____ Phone #: _____

Other than emergency and urgent medical needs, you will receive medical care from your own physician at your own cost. You will need to make an appointment and receive prior approval from the Work Release Unit to go to your doctor appointment. Except in emergencies, the Work Release Unit must have at least 48 hours written notice prior to any appointments.

Inmates who are on the Work Release Program may have medical situations that require them to take prescriptions and other related medications that are not initially issued by the Medical Unit. The Work Release application contains a Medical Information Sheet that shall be completed by the inmate and kept on file by the Work Release Unit.

1. If the inmate is on medication that must be taken while in the Facility, the W/R deputy must give it to the Facility Medical Unit. The medication will be kept in the Medical Unit and shall be dispensed as required. The inmate shall provide prescriptions from their doctor authorizing the use of any medication to the Medical Unit and to the Work Release Staff. The medication must be in the original container. Liquid medications must be brought into the facility with the seal intact. While the inmate is at work, they are responsible for taking their own medication and keeping separate container(s) of medication on the outside of the facility. They will not be given medication to take out of the facility each day.
2. When the inmate checks into the Facility or brings in a new medication, it must be left with the deputy at the Work Release receiving area. The deputy will take that medication to the Medical Unit to inspect the medication to determine if it will be allowed in the facility.
3. The Medical Unit will not accept over the counter (OTC) medications. The inmate's doctor must prescribe all medications brought into the Facility including eye drops, ointments, and inhalers. The Medical Unit will determine which prescriptions will be allowed in the Work Release housing and/or locker i.e.; sealed contact solution. **Narcotics, sleeping medication, or controlled substances/ including medical marijuana will not be**

allowed for any reason, at any time. If you are currently participating in medicated assisted treatment (MAT) reach out to the Work Release Program.

4. If there is a question concerning medication, the Medical Unit will be contacted in order for them to review the situation and to consult with the inmate's personal physician prescribing.
5. If an inmate is transferring out of general population and has been receiving medication from the Medical Unit, this service will be continued for the first week they are on the Work Release Program. During this transition period, the inmate will be responsible for making arrangements to obtain their medications, i.e. make a doctor's appointment and submit W/R form #4229 to the Work Release office 48 hours prior to the appointment. If they have not provided the Medical Unit with their own medications within one week, they will be removed from the Program.
6. If the inmate is insulin-dependent, they will need to provide the Medical Unit with the insulin. The Medical Unit will provide syringes. The inmate will be escorted from the work release housing unit to the medical unit and back by the Work Release deputy.
7. Inmates will not be allowed to contact the Medical Unit by phone. All contact will be made via the Facility's "Kite" system.

In the event medical care is needed, the inmate shall contact Court Services or the module deputy after hours for Authorization to seek outside treatment.

Signature: _____
Date: _____

**ADAMS COUNTY SHERIFF'S OFFICE
DETENTION FACILITY
RELEASE OF INFORMATION**

I, _____, authorize release to the Adams County Sheriff's Office any information about the dates and times of my presence at any care-taking, counseling, educational, medical, rehabilitative, or employment/education commitments. This waiver is a request for representatives in any of the above areas to provide the Adams County Sheriff's Office, upon request, information reflecting the dates and times of my presence.

This information is to be used for the purposes of identifying the legitimacy of my absence from the Detention Facility during my assignment in the Work/Education Release Program. This information release waiver will terminate upon the completion of my sentence and participation in the Program.

Applicant's Signature: _____

Date: _____

Court Services Specialist Signature: _____

Date: _____

**ADAMS COUNTY SHERIFF'S OFFICE
DETENTION FACILITY
AGREEMENT**

I acknowledge and agree that Adams County Sheriff's Office staff is **NOT** responsible for the security of my personal property while I am in custody.

I agree to pay Work/Education Release fees required in order to be accepted into the Program. I must pay at least one week in advance while on the program. I understand that failure to comply with the fee schedule may result in my suspension and/or termination from the program. In the event of overpayment, I understand that I will be provided a refund. If I am released prior to receiving my refund, it is my responsibility to pick up my refund check, at the Facility, Monday through Friday, 9:00 a.m. to 4:00 p.m., within 30 days. If not picked up by then I understand I will forfeit any refund.

I have read and agree to abide by all of the rules and regulations governing the Facility and the Work/Education Release Program.

I have attended the Work Release Orientation and had an opportunity to ask any questions I had about the program.

I understand and agree that failure to comply with these rules may result in my suspension and/or termination from the program.

Applicant's Signature: _____

Date: _____

Court Services Specialist Signature: _____

Date: _____