

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) A B C D

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: 4/28/13