



MENDOCINO COUNTY SHERIFF'S OFFICE
 Corrections Division
 Work Release Program

WORK RELEASE APPLICATION

Applicant - Do not fill in shaded box:

COURT INFORMATION:			
Offense: _____	Sentence: _____	Surrender Date: ____/____/____	
Court: _____	Court #: _____	Attorney: _____	

Applicant - Fill in below boxes:

Name: _____	Date of Birth: ____/____/____	State of Birth: _____
<small>Last</small>	<small>First</small>	<small>Middle</small>
Home Address: _____	City: _____	State: _____ Zip: _____
Mailing Address: _____	City: _____	State: _____ Zip: _____
Telephone: _____	Race: _____	Hair: _____ Eyes: _____ Height: _____ Weight: _____ Sex: _____
Driver's License #: _____	State: _____	Social Security #: _____

EMPLOYMENT INFORMATION:
Occupation: _____ Employer: _____ Telephone #: _____
Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACT INFORMATION:
Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Telephone #: _____ Business Telephone #: _____

RULES AND REGULATIONS

1. Must meet the criteria as outlined in the Work Release Program policies and procedures. The participant must have a misdemeanor sentence of 45 days or less; must not have been convicted of any misdemeanor sex crimes, or violence; must not have a history of violence, sex crimes, or multiple drug charges, or any felony conviction within the last three years; and must not have outstanding charges, detainers or protective orders.
2. If you are on disability or have medical problems, you will be required to provide a written statement from a licensed physician or other official allowing you to perform manual labor. This statement is required at the time of your interview.
3. This application must be received by the Work Release Office no later than 22 days prior to your commitment date. It is highly recommended that you submit this application within days of being sentenced in order insure an appointment date suited for both parties.
4. Per Penal Code Section 4024.2, Participants are not eligible for good and work time credits.

I declare that the above information is true and correct. I will perform my assigned days of service to the satisfaction of the work supervisor to whom I am assigned. I agree to obey all laws and abide by the rules of the work release program. I understand that any infraction may result in removal from the program and referral to the sentencing court for final disposition. I authorize the release of information in my medical, employment, and criminal records as necessary for the implantation and duration of this program.

PARTICIPANT: _____ Date: _____

ACCEPTED BY: _____ Date: _____

Commitment Order Removed: _____

Form 119 Rev. 03/2011

A#: _____ SID#: _____ FBI#: _____