

Dakota County Community Corrections
WORK RELEASE INTAKE FORM
PHONE: 651-438-8258, Option 1; FAX: 651-438-8379;
EMAIL: CCWKRLS@co.dakota.mn.us

ALL FORMS MUST BE RECEIVED BY WR STAFF BY MAIL, EMAIL, FAX OR TURNED IN TO THE
JAIL LOBBY MAILBOX FIVE DAYS PRIOR TO YOUR JAIL REPORT DATE

Full Name: _____ **DOB:** _____

Court File(s) #: 19- _____ **Offense:** _____

Total jail days ordered: _____ **Probation Officer:** _____

Jail Report Date/Time: _____ **Cell Ph#:** () _____

TRANSPORTATION: (Must be valid transportation)

Designated Driver (or self):

Phone: _____

DL#: _____

Year/Make/Model/Color of Vehicle:

License Plate#: _____

TREATMENT/SCHOOL:

Agency: _____

Address: _____

City: _____

Phone: _____

Counselor/Advisor: _____

Treatment/Class Schedule:

EMPLOYMENT

Company Name: _____

Address: _____ **City:** _____ **Zip Code:** _____

Supervisor(s): _____ **Phone:** _____

Your Job Title: _____ **Length of Employment:** _____

Payday: _____ **How Often:** _____ **Wage:** _____

Job Site Location(s) (if different from employer address): _____

Regular Work Schedule: DAYS: _____ **TIME:** _____ **to** _____

Supervisor Signature _____ **Date** _____

****PLEASE ATTACH YOUR MOST RECENT PAYCHECK STUB WHEN SUBMITTING****
DAKOTA COUNTY COMMUNITY CORRECTIONS

WORK RELEASE PROGRAM CHECK LIST

- If you were not given a date to report to the Dakota County Jail at your sentencing, you need to call the Work Release (WR) staff at **651-438-8258, OPTION 4**, within 3 business days of your sentencing to set up a report date.
- Please review the *Jail Work Release Program Handbook* as you will be responsible to know the program policies, procedures and *Eligibility Criteria*.
- Please fill out the yellow *Work Release Intake Form* and have your employer sign it at the bottom. Also read and sign the *Work Release Agreement and the Dakota County Community Corrections Consent for Release of Information*.
- Please return the *Work Release Intake Form*, and the signed *Work Release Agreement*, along with a **copy of your most recent paycheck/check stub** to WR staff by MAIL, EMAIL, FAX OR TURN IN TO THE LEC LOBBY WORK RELEASE BOX AT LEAST 5 BUSINESS DAYS BEFORE YOUR REPORT DATE. **Failure to return the paperwork will result in a delay on your release for work.**
- When you report, check in to the main lobby of the LEC.
 - You must bring with you at least **\$115.00 in cash** (jail fees and first day of work release fee). You are required to pay \$25.00 for each additional day in jail.
 - Fees are collected each night before the following day. Funds **must be** in account prior to being released for work.
 - The WR fee is collected and monitored by jail staff, NOT WR program staff. If you are serving a jail sentence for a different county you will have additional costs. Please contact Jail Administration prior to your report date.
- All personal hygiene products must be purchased through the Dakota County Jail Canteen. Work Release inmates are allowed to bring 3 changes of clothes into the jail. You will not be allowed to go home to pick up clothes or other items.
- You will be responsible to arrange your own medical and dental care while on WR. YOU MUST obtain a court order to be furloughed and needs to be approved by WR staff. Any currently prescribed medications* should be turned in to the jail staff at booking in the original pharmacy container. Jail staff will distribute your meds accordingly upon verification that the prescription is current.
- Please call the Dakota County Jail at **651-438-4800** with any further questions regarding your custody.

If you have any questions about the Work Release Program feel free to call the
Work Release Staff at 651-438-8258, OPTION 1

**Dakota County Law Enforcement Center
Work Release Agreement**

NAME _____ DOB _____
(Print)

I understand that participation in the Dakota County Work Release program is a privilege authorized by the Court. In order to keep this privilege, I agree that:

- 1) My behavior in jail can affect my work release status. I understand that the Work Release Unit is a minimum-security unit and that I must maintain a standard of behavior appropriate for such a unit. Deviations from that standard of behavior may result in my being placed in the Sentenced Unit and losing Work Release privileges.
- 2) I must be drug, including medical cannabis, and alcohol free when I report to the Law Enforcement Center to begin my Work Release sentence. I will not use alcohol, non-prescription mood-altering drugs, or medical cannabis, nor be under the influence while on Work Release. I will submit to random urinalysis or breath testing as requested by program staff. Failure to provide the sample or a test returned as positive may result in termination from the Work Release program.
- 3) I will provide my own legal transportation. I will go directly to and from work/school/ appointments as approved by Work Release staff. I agree to account for my whereabouts while released from jail and to report any changes in location as directed by Work Release staff.

I hereby acknowledge that I have received a copy of the Jail Work Release Program Handbook. I understand the policies of the Work Release Program, and agree to abide by the rules and conditions, and understand failure to do so may result in disciplinary action.

Inmate Signature

Date

DAKOTA COUNTY COMMUNITY CORRECTIONS - CONSENT FOR RELEASE OF INFORMATION

I, _____ (client), (DOB: _____), authorize Dakota County Community Corrections (DCCC) to:

Disclose, obtain, and exchange with the following individual(s) or entity (ies): _____

The following information about me listed below:

- the dates of admission/anticipated discharge;
- the attendance history and concerns;
- the type of service (counseling, CD treatment, etc.);
- the quarterly Progress Reports;
- the Discharge Summary upon completion; and
- the type of termination (satisfactory/unsatisfactory) for:
 - Chemical dependency/psychological or domestic abuse treatment records and evaluation
 - Medical history
 - Treatment information
 - Treatment discharge summary
 - Ongoing/Updated Reports
 - Other: Employment/contractors and/or education verification, treatment status and pertinent details

This information is needed to help DCCC provide efficient and successful supervision of me. I understand that I may authorize the release of all, some, or none of the above-mentioned information but if I fail to release the information it may have a negative effect on my probation status. I understand that I do not have to sign this Consent in order to receive health care benefits (treatment, payment, enrollment or eligibility) except for health care services necessary to create any assessment or report for disclosure to DCCC necessary for my conditions of probation/parole/supervision.

I understand what information about me will be disclosed or obtained from the above-mentioned individuals(s) or entities. I understand that DCCC may have records about me that it received from other organizations and that if these records have been used by DCCC and are filed in the records DCCC maintains about me and are of the type authorized to be released, these records may be released with the DCCC records.

I understand that my records are protected under State and Federal privacy laws and that these records cannot be disclosed without my written consent, unless otherwise authorized by law. I understand and consent to the re-disclosure by DCCC of the information used or disclosed by this Consent and understand that it will no longer be protected by Federal privacy laws prohibiting re-disclosure. I understand that DCCC cannot prevent re-disclosure of my information by the person/organization who receives my records under this Consent, and that the information may not be covered by state and federal privacy protections after it is released. By signing this Consent, I release DCCC from any and all liability resulting from a re-disclosure by the recipient.

I understand that I may revoke this consent in writing at any time; however, revocation will not pertain to data released or obtained prior to the County's receipt of my written revocation notice at one of the addresses listed below. Unless I revoke my consent sooner, my permission to allow the release of information about me will automatically expire one (1) year from the date I sign this release or when my probation ends, if sooner.

Client Signature

Date

Please forward to: ccwkr1s@co.dakota.mn.us
(Name/Title)

<input checked="" type="checkbox"/> Judicial Center 1560 Highway 55 Hastings, MN 55033 Fax: (651) 438-8340 Tel: (651) 438-8288	<input type="checkbox"/> Western Service Center 14955 Galaxie Avenue Apple Valley, MN 55124 Fax: (952) 891-7282 Tel: (952) 891-7200	<input type="checkbox"/> Northern Service Center 1 Mendota Road West, Ste 510 West St. Paul, MN 55118 Fax: (651) 554-6070 Tel: (651) 554-6060
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