

Eagle County Sheriff's Office

Work Release Program

Information & Agreement



Applicant Name: _____
Case #(s): _____
Email address: _____

Introduction

The Eagle County Sheriff's Office Detention Division manages and supervises the Work Release Program based on the parameters and guidelines outlined in this handbook along with the Inmate Rules and Regulations of the facility. The information outlined in this application is subject to change without notice. The Eagle County Courts must give the initial permission to participate; however, this does not guarantee that you will meet the requirements. It is a privilege to participate in this program and strict adherence to the program requirements is expected. We reserve the right to deny any applicant if we believe it is in the best interest of the community and its safety.

Orientation

In our effort to expedite the approval process, we need all Work Release applicants to attend a mandatory orientation prior to admittance into the Detention Facility only if given a delayed date to report to the jail. If you have been sentenced to ten (10) days straight, you are mandated to have all of the requirements met prior to your admission to the Eagle County Detention Facility. If not completed and you are booked into the jail to serve your sentence, your application will not be accepted. There will be no exceptions to this mandate. You will not be permitted to attend orientation if you appear under the influence of alcohol and/or controlled substances, are late, do not have a valid government issued ID, or do not have a completed application.

You must call the Eagle County Work Release office at 970-328-8574 or email: inmateworkrelease@eaglecounty.us to schedule your orientation interview. Report to the Detention Facility after going through court security at the Justice Center located at 885 Chambers Ave, Eagle, CO, 81631. Orientation sessions can last up to one (1) hour so plan your day accordingly.

When you report to the Eagle County Detention Facility (ECDF) for orientation, bring with you the following: **any copies of orders from the court, your driver's license, vehicle documentation and automobile insurance policy, physical examination signed by Dr., medications, and the completed application.** Please provide all information asked for on the application. Incomplete and/or delayed applications may result in the delay and/or denial of your acceptance in the program. The ECDF will not make copies so be sure to have them for your records if necessary. You may be given additional material during orientation that must be completed and returned when you report to serve your sentence.

If you are self-employed, it will be up to you to provide documentation that your employment is lawful and suitable. The ECDF will perform a business search with the State of Colorado to ensure the business complies with state requirements. Any business that is unidentifiable or delinquent with the Colorado business directory will result in denial with the Work Release Program.

If you have provided all the required information and it has been verified, you will be told at the end of your orientation interview that you are pre-approved for the Eagle County Work Release Program. We cannot guarantee acceptance to the program at that time. You still must turn yourself in on time, are not under the influence of alcohol and/or any controlled substance, pass a drug test, and deposit your required fees. If you have a warrant for your arrest, you will be denied acceptance to the Eagle County Work Release Program.

Reporting for your Sentence

When you report to begin your sentence as stated on your mittimus (document from the court that outlines your sentence), bring your court mittimus and a picture ID. If you report to the ECDF after the time specified on your mittimus, you will be turned away and will need to contact the courts which may result in denial of entry into the Work Release Program. Reporting under the influence of alcohol and/or any controlled substance is a violation of the court order and will 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. Additional information regarding your reporting will be addressed in the orientation.

Fees and Expenses

You will be required to pay your first week's work release fees when you turn yourself in. You will be charged a weekly fee of \$300.00. These fees will need to be continuously paid one week in advance while you are in the program. If an unpaid balance is due for a 7th consecutive day, you will be removed from the program. If you believe that you will be late on payments, it is your responsibility to make prior arrangements for authorization to make late payments. The ECDF may or may not authorize a late payment schedule in its sole and absolute discretion. Please be prepared to pay your fees in the form of a credit card or cash. You must deposit money into your inmate account through the kiosk in the lobby of Detention Center. There is no fee for making deposits. No personal, payroll or third-party checks will be accepted. Program fees are separate from any court-mandated fees or fines including probation fees. A \$30.00 booking fee will be incurred unless paid prior during the initial arrest process. Any debts from prior incarcerations must be satisfied prior to Work Release approval.

Work Release Eligibility Criteria

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

- Sentences less than 10 days are not eligible for Work Release.
- Previous criminal history [dating back ten (10) years to include convictions for F3 felonies or above, Drug Felony 2 or higher, Felony Sexual Assaults, Introduction of Contraband, Assault on a Peace Officer, and Escape].
- You may not have any open cases in any jurisdiction.
- If you are foreign-born, you will be required to provide valid documentation such as a Permanent Resident (Green Card) issued by the U.S. Citizenship and Immigration Services allowing you to legally live and work in the United States.
- In addition to your physical exam obtained by an outside physician, you will be evaluated by the ECDF medical staff to ensure you meet medical requirements and it is within the medical staff's authority to deny participation. The use of sleep aids or benzodiazepines whether doctor-prescribed or not is not allowed. We test for the following substances: Cocaine, THC, Opiates, Methamphetamine, Benzodiazepines & Oxycodone.
- 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 Detention Center or other Police Department buildings.

- At any establishments where the primary commodity may have been a contributing factor in the current charge (i.e., drugs, liquor, or weapons).
- At any job that requires door-to-door sales.
- Any employment that violates court orders will be denied.

Approved Transportation

- Hitchhiking is not permitted.
- If you will be driving, you must have a valid Colorado Driver's license, a valid vehicle registration and proof of insurance. Copies of these documents must be produced at the orientation.
- If someone will be driving you, you'll need to list their name, date of birth, address and phone number on the application.
- Public transportation or bicycle is acceptable.

General Program Conditions

- It is a privilege to participate and the ECDF will always act in the best interest of the community in making decisions regarding approval and denial actions. Do not assume you are permitted to deviate from these conditions unless you have been given the express permission by the Work Release Coordinator, a Detention Sergeant or Jail Administrator. When in doubt- communicate!!!
- You are permitted to work no more than 6 days per week.
- The ECDF will adhere to the schedule provided by your employer.
- You are permitted to be away from the ECDF for a maximum of 12 hours per scheduled work day. During this time, you will travel to and from work for your assigned shift.
- With pre-approval, you can also attend court-ordered classes, counseling, addiction classes, medical appointments, and probation meetings. These additional classes, meetings and appointments need to be scheduled within your work schedule and not on your lockdown day.
- All such non-work activities must be communicated with the ECDF for approval 72 hours in advance for approval.
- You are approved to make necessary stops for food, gas and necessary trips for supplies that are related to your employment - these are not social events. You are not allowed to visit your residence unless you have an approved self-employment business. If your family needs to visit you, they can do so at your place of employment.
- You are required to provide a 2-week schedule. If there is a change in the schedule, the ECDF must be informed 3 days prior to the schedule alteration.
- You are permitted to travel a maximum distance of 100 miles one way for work.
- You will be required to wear a GPS ankle monitor always which will monitor your location 24/7.

Work Release Agreement

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

Work release is only permitted in accordance with the provisions of section 18-1.3-106, C.R.S. Your work release status may be terminated or suspended by the court or the Eagle County Detention Division for program violations without notice. If this should occur, there is no right to appeal.

Violating any federal, state, local, and municipal or traffic law may be grounds for immediate suspension from the Work Release Program, pending a review and/or disciplinary hearing. You must report all contact with law enforcement to the Eagle County Work Release Program unit.

Regular random checks will be made to ensure your presence at the locations for which you are approved. This involves Eagle County Work Release and/or Detention staff verifying your presence through a Global Positioning System [GPS]. You will be required to wear the ankle monitoring bracelet prior to implementation of your work schedule. The enrollment for GPS will be taken care of during orientation and at no cost to you. If you are not at work as scheduled, you must be at the Eagle County Detention Facility or traveling to/from the Eagle County Detention Facility. Unauthorized absences may result in disciplinary action. Inmates may leave their employment for lunch (on approved breaks), pre-approved appointments, banking, haircuts or other ECDF staff-approved activity.

Any changes in your employment status must be reported immediately. This includes change of job site, increase/decrease in hours worked, and loss/completion of employment. Failure to do so may result in disciplinary action. If you are laid off from your job at no fault of your own, you may be granted five (5) days to secure employment. If you are fired or quit your job, you may be removed from the Eagle County Work Release Program.

Failure to return to the Eagle County Detention Facility as scheduled may result in the issuance of a warrant for your arrest charging you with escape. A suspension from the program means you may not leave the ECDF. Any Detention Sergeant 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 required to submit to a breath or urine test. The ECDF staff utilizes the AlcoBlow Breath Sampling System. A positive result of the AlcoBlow will not allow a subsequent re-test and all results are final. Refusal to submit to the test will result in your removal from the program. While on the program, you may not drink alcohol or take illegal drugs or marijuana (including any un-prescribed medication, mouthwashes, foods cooked with alcohol, 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 ECDF medical department. The medical department will review all medications and make a determination for approval or disapproval. The ECDF does not recognize medical marijuana as a legal prescription.
- Failure to comply with Detention Facility rules outlined in the Inmate Handbook or program rules outlined in this agreement may result in suspension or termination from the Work Release Program.

If you are removed from the Work Release Program, you are eligible to reapply in thirty (30) days from the date of removal. Prior authorization to participate in the Work Release is not a guarantee of future approval.

Eagle County Work Release Program Agreement

COMPLETE ALL QUESTIONS

Name: _____ Phone #: _____

Alias/other names: _____

Pager/cellular #: _____

Street address: _____ City/ Zip Code: _____

How long at this address? _____

Previous address: _____

How long at this address? _____

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

Eye Color: _____ Marital status: _____ Spouse's name: _____

Spouse's address: _____

Parent's names: _____

Parent's address: _____

Parent's phone # (s): _____

Highest grade level completed: _____ Number of dependents: _____

Employer Name: _____ Phone #: _____

Employer Address: _____

Supervisor Name: _____ Phone #: _____

Job Title: _____

Additional classes or counseling enrolled in and schedule: _____

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

Location of job (if different from employers address): _____

If employed in your present position for less than one year, list:

Previous employer: _____ Phone #: _____

Address: _____ Your Job Title: _____

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

Name: _____ Relationship: _____

Phone #: _____

Address: _____

Additional individual responsible for your transportation to/ from work?

Name: _____ Relationship: _____

Phone #: _____ Address: _____

Have you ever been on a Work Release program? No Yes

When? _____ Where? _____

Did you successfully complete it? No (Explain) Yes

Do you attend alcohol/drug abuse or mental health classes/group?

No Yes (Which agency and address)

Phone #: _____ What day? _____ What time? _____

Name of Counselor: _____

How will you get there? _____

How long is your jail sentence? _____ Start date: _____

What is/are your charge(s)?

Judge's name: _____ Case # _____

What is your reporting date? _____

Do you have any charges pending? No Yes _____ (Explain)

Jurisdiction: _____ Next court date: _____

PLEASE INITIAL

_____ I acknowledge and agree that the Eagle County Detention Facility is **NOT** responsible for the security of my personal property while I am in their custody.

_____ I agree to pay fees required to be accepted into the program. I must pay for at least one week in advance when entering the program. I understand that failure to comply with the fee schedule may result in termination from the program. In the event of over-payment, I understand that I will be provided a refund.

I have read and agree to abide by all the rules and regulations governing the Eagle County Work Release Program as listed above and discussed with me. I understand and agree that failure to comply with these rules may result in my removal from the program.

Applicant Signature

Date

Print

Eagle County Work Release Program

Employer Release Agreement

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

Applicant's name: _____

Applicant's Mobile #: _____ Pager #: _____

Employer's Name: _____

Phone #: _____

Supervisor's Mobile phone #: _____

Supervisor's Alternate Phone #: _____

Employer's address: _____

Name/Address of job site: _____

Immediate supervisor's name(s): _____

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? _____

Do you work the same shift that the employee works? _____

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

Yes No

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

Will you know where the applicant is at all times during his shift? Yes No

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

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

The applicant will not be permitted to work 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 specific hours each day [start & end times] which the applicant will be working.

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

For the applicant to participate in the Eagle County Work Release Program, it is necessary that his/her employer agree to assist us and agree to notify the Work Release Unit at 970-328-8574 and/or 970-328-8564 if the applicant:

- Fails to report for work or leaves work prior to his/her scheduled departure. **This may constitute the crime of Escape.**
- Is late to work or leaves work earlier than scheduled.
- Takes unapproved leave from 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.

Any changes in the applicant’s work schedule must be provided in writing by the supervisor on company letterhead. This letter must be submitted at least 72 business hours before the change is to take place. You must then be available for the Work Release Unit to confirm this request verbally. Please submit schedules on company letterhead to inmateworkrelease@eaglecounty.us

Supervisor signature: Name: _____ Date: _____

Title: _____ Pager/Mobile phone # _____

Applicant signature: Name: _____ Date: _____

Pager/Mobile phone # _____

Eagle County Work Release Program

Medical Information Sheet

Name: _____ Date of birth: ____/____/____

Social Security Number: _____

Physician: _____ Phone #: _____

Physician's office address: _____

Insurance company: _____ Policy Number: _____

Primary carrier's name: _____

Do you have any medical conditions? Yes No

If yes describe diagnosis:

Are you taking any medication (including over the counter medication)? Yes No

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

MEDICATION	DOSAGE	FREQUENCY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**** You may be required to bring in doctor's verification for any medications you are taking. All medications must be in the original prescribed bottles.**

Are you diabetic? Yes No

Do you have respiratory issues? Yes No

Disabilities? Yes No If yes, explain?

In case of an emergency, contact: _____

Relationship: _____

Address: _____

Phone #: _____

Physical Examination

Prior to approval, you are required to have a medical physical examination performed. If you are unable to have this done prior to coming to the ECDF, the Medical Unit will schedule a physical examination within 7 days of your admittance. If you have this done by an outside physician, you are required to bring this documentation to the orientation for our Medical Unit to retain these records.

The Eagle County Detention Facility medical staff will perform a basic medical screen during the orientation period. Other than emergency and urgent medical needs, you will receive medical care from your own physician at your own cost. All medical information will be stored and maintained by the ECDF Medical Unit. The ECDF Medical Department may request that you sign a release of information to obtain medical records from your physician for continuity of care.

Medications

All medications will need to be approved by the ECDF Medical Unit regardless of outside medical authorization. The Medical Unit will verify medications and approve them based on their approved medication list. **Narcotics, benzodiazepines or sleeping medication will not be allowed for any reason, at any time.** For approval, please provide prescriptions from your doctor authorizing the use of any medication. All medications must be in the original container. Liquid medications must be brought with the seal intact.

Once approved, you will be allowed to manage your medication for days that you are scheduled to work. Medications will be stored in your assigned outer locker and accessible when you leave for your assigned work shift. On days where you remain at the ECDF and medications are required, the medical staff will administer medications from the medical cart during medication pass times (0800 & 2000). All new medication will need to be approved prior to being authorized.

- If there is a question concerning medication, the Medical Unit may be contacted for them to review the situation and to consult with the inmate's personal physician prescribing.
- 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, he/she will be responsible for making arrangements to obtain their own medications.
- If the inmate is insulin dependent, your insulin will be stored in the ECDF Medical Unit refrigerator. The Medical Unit will not provide syringes.
- The ECDF Medical Unit will have the final approval in regard to medications.

You will need to make an appointment and receive prior approval from ECDF Work Release program staff to go to your doctor appointment. Except in emergencies, ECDF staff must have at least 24 hours written, prior notice to any medical appointments.

OFFICIAL USE BELOW ONLY

Final Authorization & Review

Medical Approval: Yes No

If No-Document medical concerns: _____

Medical Department Signature: _____ Date: _____

Work Release Coordinator Approval: Yes No

If No-Document reasons for denial: _____

Work Release Coordinator Signature: _____ Date: _____

Eagle County Sheriff's Office Approval: Yes No

If No-Document administrative concerns: _____

Jail Administrator or Designee Signature: _____ Date: _____