

INMATE WORK RELEASE RULES AND REGULATION

3-2009

The district court may grant by appropriate order, to any person sentenced to a county jail, the privilege of a sentence to accommodate the work schedule of the person or the privilege of leaving the jail at necessary and reasonable hours for the following purpose: working at the person's employment, conducting the person's own business or other self-employed occupation, attendance at an educational institution and medical treatment.

The above listing isn't to be construed as exclusive or all-inclusive; the district judge will make all determinations and orders of what constitutes work release.

Below are the Lyon County Jail's rules and regulations governing inmates whom participate in the work release program which is only granted for your primary job, no secondary or part-time employment and must be sentenced to serve a minimum of 7 continuous days to be eligible for work release.

1. Inmate will go to and from work by the most direct route. Inmate will NOT make any unauthorized stops, either to or from work.
2. Inmate will have to have prior authorization to leave Lyon County.
3. Inmate will, at all times, be clean and neat. An inmate's attire, for particular work related activities, will be determined by the Jail Administrator.
4. Inmate will NOT drive or ride in a motor vehicle without prior permission of the Jail Administrator or his/her designee.
5. Inmate will NOT purchase, possess or drink any alcoholic beverages. Inmate will NOT enter a tavern or place where beer or liquor is sold for on premises consumption. Inmate will submit to a random specimen sampling of urine, blood or breath. Inmate will NOT use any drugs unless prescribed by a licensed physician. Refusal to submit to these tests will result in immediate suspension of work release – community service.
6. Inmate will NOT leave his place of work without notifying the Jail Administrator or his /her designee of his/her intentions.
7. Inmate will NOT telephone, talk to or write letters or notes to any person involved or connected in any way with his/her conviction, case or charge.
8. Inmate will conduct themselves as a lady or gentleman at all times.
9. Inmate will NOT gamble.
10. Inmate will NOT be allowed to have work release outside of the state of Iowa unless approved by the Sheriff and/or the Jail Administrator.
11. Employment must be within a 30 mile radius of Rock Rapids.
12. Inmate will NOT be allowed work release more than 6 days per week.
13. Inmate will NOT be allowed work release on Holidays.
14. Inmate will return to the Lyon County Jail at the time set by the Court and/or Jail Administrator or designee. If an inmate fails to return at the designated time, without prior approval, the situation will be handled as an escape and appropriate criminal charges will be filed with the court.
15. Inmate will pay the daily work release fee based on the following: (\$35.00) dollars per day, for days Inmate is released for work and (\$25.00 per diem for days not at work) which will be paid one week in advance.

WORK RELEASE-COMMUNITY RELEASE RULES AND REGULATIONS

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16. Work Release Inmates will pay a daily work release fee, which is collected one (1) week in advance To the Lyon County Sheriff Office. Any and all fees for room and board, previous work release or any other monies owed to the Lyon County Sheriff must be paid in full prior to work release being granted.
17. Inmate understands that his/her paycheck can be made payable to the order of himself/herself and the Lyon County Sheriff's Office. The employer may directly mail an inmate's paycheck to the Lyon County Sheriff's Office. This action is pursuant to Iowa Code Section 356.31, which states that wages will be applied as payment of court obligations until paid in full.
18. Inmate will provide his/her work schedule and a copy of your most recent pay stub to the Jail Administrator or his/her designee, one week in advance.
19. Inmate will follow all Jail Rules and Regulations.
20. Inmate will be released for work as soon as possible to arrive at work on time; however, release for work will depend on the Jail Officer's schedule.
21. Inmate laundry will be marked with inmate's name and it will be laundered at the Jail. Lyon County Jail personnel will not be responsible for any damage to clothing
22. In addition, inmate will provide the following:

WORK PLACE:

Name:

Address:

Phone:

Supervisor:

WORK INFORMATION:

Type of Work Release:

Starting Time:

Travel Time:

Quitting Time:

Pay Per Hour:

Work Days:

Days Off:

Insurance: while you are at work:

23. Direction of travel - Route taken to work: _____

24. Route taken returning from work: _____

25. Name of Licensed Driver: _____

Provide copy of driver license:

26. Vehicle inmate will be riding in: _____

27. License plate number of vehicle: _____

28. Vehicle Insurance- provide copy:

29. Meal(s) - explain where you will eat: _____

Items #15 and #16 don't apply in circumstances where inmates aren't being paid for work (i.e. attending to family needs, attendance at an educational institution, etc.)

SPECIAL RESTRICTIONS:

INMATE NAME: _____

I understand that while participating in work release, I will remain, while absent from the Lyon County Jail, in the legal custody of the Lyon County Sheriff and will be subject, at any time, to being taken into custody and returned to the Lyon County Jail.

I hereby certify that I have read and understand the conditions of the above agreement. Any deviation of these rules will be grounds for immediate revocation of my work release and may result in disciplinary action being taken against me.

Inmate's Signature: _____

Date: _____

Officer's Signature: _____

Date: _____



LYON COUNTY SHERIFF
Sheriff Stewart Vander Stoep

410 S. Boone St.
Rock Rapids, IA 51235
Phone: (712) 472-8300

Lyon County Sheriff's Office
Electronic Monitoring Rules and Regulations

- 1) You must abide by the Lyon County Jail Rules and Regulations at all times. This includes abiding by conditions of the work release contract. Initial: _____
- 2) Your work schedule must be pre-arranged and preapproved by the Jail Administrator as outlined in the work release contract. Any changes to the schedule must be approved by the Jail Administrator. Initial: _____
- 3) You must go directly to/from work or other court ordered activities. Any stops must be approved by Jail Staff or the Jail Administrator. Any out of placements may result in disqualification of work release. Initial: _____
- 4) You may be tested for drugs and/or alcohol at any time. Test failure or test refusal will disqualify you from work release and the electronic monitoring program. Initial: _____
- 5) Tampering, loss or theft of any monitoring device while in your possession will be your sole responsibility. You may be held criminally and/or civilly liable for the replacement of the equipment. Initial: _____
- 6) You agree to pay the equipment cost of \$10/day. A payment schedule will be set up by the Monitoring Officer. Failure to comply with the payment plan or room and board contract may result in termination of work release privileges. Initial: _____
- 7) If the GPS or its components are damaged, altered, or destroyed you will not be allowed to work until you reimburse Innovating Monitoring Systems for the full cost for the non-functioning part. Any of these done intentionally will automatically revoke work release privileges. Initial: _____

Inmates Signature: _____

Date: _____

Approving Officer/Jail Administrator: _____

CASE #



LYON COUNTY SHERIFF
Sheriff Stewart Vander Stoep

410 S. Boone St.
Rock Rapids, IA 51235
Phone: (712) 472-8300

Lyon County Sheriff's Office
Electronic Monitoring Program
Payment Agreement

I, _____ agree to pay of total of \$ _____ to the
Lyon County Sheriff's Electronic Monitoring Program, which will be paid in advance as follows:

Week of _____

_____ Weekly, I agree to pay \$70.

_____ Lump Sum. I agree to pay a lump sum of \$ _____. (Total # of Days on work release)

I understand that this amount will be paid one week in advance as agreed upon. Failure to pay will result in revocation of work release privileges. I hereby agree that if my privilege of work release is revoked and I paid a lump sum, any extra funds will go to your commissary account.

Inmate: _____

Date: _____

Jail Staff/ Jail Administrator: _____

Date: _____



Lyon County Jail
WORK RELEASE
PER DIEM RECEIPT

CASE #

NAME:

Dollar amount of work release : \$

Check#

Work Release period : to

Week#

PLACE OF EMPLOYMENT

Number of Days actually worked:

Work Release Rate is \$10.00 per day you are released for work and \$25.00 per day for each day you serve of sentence. 12 hrs or more is a day

Example: In a 7 day week, inmate released for 5 days of work:

5 days @ \$10.00= \$50.00

7 days @ \$25.00= \$175.00

Total for the week: \$225.00

Example: In a 7 day week, inmate released for 6 days of work:

6 days @ \$10.00= \$60.00

7 days @ \$25.00= \$175.00

Total for the week: \$235.00

INMATE SIGNATURE

DATE

OFFICER

DATE

To be filled out by Treasurer's Office: Per Diem \$

Administration Fee \$

Work Release