

# Mason County Jail Work Release Application

## Basic Requirements for Work Release:

Work Release is an alternative to traditional incarceration. Those inmates who meet certain criteria will be allowed to go to work each day (maximum of 6 days a week) with the condition they return to the Work Release facility immediately upon release from work. To be considered for Work Release, the following criteria must be met:

- You must have permission from the court to serve your time on Work Release.
- You must have legitimate employment or be attending school and have a means to pay the fees.
- You must provide proof of employment and rate of pay. Self-employed persons will be accepted on a case by case basis.
- You must be sentenced to at least 7 days.
- You must work within Mason County or outside Mason County within reasonable limits as authorized by the Alternative Sentencing Supervisor.
- You must not have any convictions for crimes of violence in your criminal history as defined by RCW 9.94A.735 (55).
- Persons having two or more separate felony convictions will be considered on a case by case basis.
- Current charges of assaultive and or a domestic violence nature will be considered on a case by case basis.
- Persons with 4 or more drug or alcohol violations will be considered on a case by case basis.
- Persons with outstanding warrants, holds, or probation/parole violation detainers will not be eligible until the warrants or holds or detainers are resolved.
- Persons who have had any program violations in the past are normally disqualified.
- Persons with current or past convictions of escape are not eligible.
- No sex offenses allowed, including offenses with sexual motivation.
- You must be able to provide reliable transportation between work and the jail.
- Your classification must be approved based upon the Alternative Sanctions classification rating system.
- Must have reliable cell phone to text if your job makes you go to offsite locations. IE: Construction Companies, Lawn Care Professionals, Etc.
- Pre-trial defendants will be reviewed for placement on a case-by-case basis. Pre-trial defendants must meet all the work release participation requirements.
- Staff will consider current attitude and past institutional behavior when considering authorization for work release.

In addition to the above criteria, participants must be able to pay a daily fee of \$20 a day and must be paid 1 week in advance. Failure to do so will result in removal from the program. If it appears you meet the above criteria, it is possible you may qualify for Work Release.

### OFFICER USE ONLY IN THIS SECTION-DO NOT WRITE IN THIS SECTION

Date \_\_\_\_\_ Officer Accepting \_\_\_\_\_ Court \_\_\_\_\_ Application \_\_\_\_\_  
Received: \_\_\_\_\_ Application: \_\_\_\_\_ Paperwork: Yes  No  Fee Paid: Yes  No

### APPLICANT INFORMATION - ALL FIELDS MUST BE FILLED OUT TO ACCEPT APPLICATION

Name: \_\_\_\_\_ Alias: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Married, Single, Divorced or Widowed: \_\_\_\_\_

Do you have any serious medical conditions? Yes  No

If yes, explain: \_\_\_\_\_

Do you have any serious mental conditions? Yes  No

If yes, explain: \_\_\_\_\_

Are you currently taking prescriptions medications? Yes  No

If yes, explain: \_\_\_\_\_

Are you a citizen of the United States? Yes  No  Where were you born? \_\_\_\_\_

Have you ever participated in Alternative Sanctions with this or any other county? Yes  No

If yes, when/where? \_\_\_\_\_

#### DRUG/ALCOHOL USE

Have you ever used illegal drugs? Yes  No  If yes, explain: \_\_\_\_\_

Do you consume alcohol? Yes  No  If yes, last date used: \_\_\_\_\_

Have you started or completed treatment? Yes  No

If yes, explain: (Dates and Locations) \_\_\_\_\_

#### TRANSPORTATION

Do you have a valid driver's license? Yes  No

If yes, License # \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

What is your mode of transportation?

Personal Vehicle  Walk/Bicycle  Bus/Taxi  Friend/Relative  Other

If other Explain: \_\_\_\_\_

#### URINE ANALYSIS

The Mason County Sheriff's Office conducts observed urinalyses (U/A's) as a means of monitoring drug use by those persons serving time on Alternative Sanctions. When a UA is administered, you will be asked to disclose the use of any illegal substances and prescription/over the counter drugs within the past 30 days. Dishonesty will result in disqualification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### DISCLAIMER AND SIGNATURE

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to placement on Alternative Sanctions, I understand false or misleading statements may lead to removal from any program I am qualified for.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Mason County Sheriff's Office

### Alternative Sentencing

### Work Release Program

**Location:** Mason County Jail  
411 N 4<sup>th</sup> Street  
Shelton, WA 98584

**Cost:** **Application Fee:** \$20 must be paid at time of drop off.

**Program Fee:** \$20 a day (7-day week), First and last week paid upon hook-up.

**U/A Fee:** \$35 one-time U/A Fee. \$15 will be charged for a positive U/A.

**If removed for Violation while on program:** \$50.00 fee will be added to your bill.

**Substance Abuse:** Offenders may be required to attend AA or NA meetings as a condition of their sentence. Arrangements to allow these participants to attend mandatory meetings will be made.

**Employment Form:** If employment form is not signed (unless self-employed) you will be automatically denied and asked to get that form completed.

## **PERSONAL ITEMS**

Each inmate will be allowed the following personal items in Work Release:

1 Alarm clock (battery operated)  
Non-alcohol-based aftershave lotion  
3 sets of clothing (Any extra items will not be accepted)  
Toothbrush  
Non-alcohol-based shampoo (no glass containers)  
Non-alcohol-based deodorant (no glass containers)  
Hand soap

No clothing or reading material depicting profane language, nudity, gang slogans or signs will be allowed.

All personal items will be checked-in with corrections staff before entry into the facility.

You are not to share ANY items with other inmates. Any items shared/given to other inmates will result in removal from the work release program. Upon release, ALL items go with you.

## **RULES FOR WORK RELEASE**

You will present all items on your person to the Corrections Deputy. Items not allowed in work release must be stored in an assigned locker.

If you need to call out sick from work, you will notify the Deputies on-duty. They will allow you to use the booking phone to contact your supervisor. You will not be permitted to use the booking phone for any other reason than to call out sick.

You must submit to a strip search by staff before being allowed back to your housing unit.

If requested, you must provide a urine test within one hour of the request, or a breath test immediately.

If you are delayed returning to the jail, you must call Alternative Sentencing Officer or, if unable to reach ASO call jail staff directly.

In accordance with the Work Release rules of conduct, the following is a listing of minor/general infractions and sanctions and major/serious infractions and sanctions:

### **Minor/General Infractions**

- 1) Failure to immediately notify staff if delayed and provide information requested. The seriousness of the offense may result in the issuance of a major infraction.
- 2) Failure to perform satisfactory at work or school.
- 3) Failure to bring to the attention of staff all prescribed medication being taken.
- 4) Abusive language directed at staff.

- 5) Failure to cooperate courteously with any legitimate request by staff.
- 6) Failure to keep assigned living area neat and orderly. A second violation may result in issuance of a major infraction.
- 7) Failure to return a special pass to the Alternative Sanctions Coordinator upon re-entry to the facility.

Minor/general infractions may result in sanctions ranging from a verbal warning to removal from the program.

### **Major/Serious Infractions**

- 1) Interfering with staff in the performance of their duties.
- 2) The refusal or failure upon request to follow any order given by corrections staff, which causes or tends to cause:
  - A delay or interference in court proceedings.
  - The diversion of corrections personnel.
  - The destruction or damage to county property.
  - A delay in lockdown.
- 3) Continuous or repeated yelling, shouting, or otherwise making noise for the purpose of disturbing the peace and order of the corrections facility.
- 4) Extortion, blackmail, demanding or receiving money or anything of value in return for protection against others, or under threat of informing.
- 5) Engaging in sexual acts with others.
- 6) Stealing or knowingly possessing stolen property.
- 7) Tampering with, damaging, or mutilating any county property.
- 8) Failure to report to the jail within one hour whenever so ordered.
- 9) Failure to pay program fees per established payment plan.
- 10) Allowing unauthorized visitors at work, school, or pass location or having unauthorized contact with known criminals, or persons on probation or parole.
- 11) Failure to obey all Federal, State, or Municipal laws.
- 12) Failure to proceed directly to and from work, school, or other authorized destination.
- 13) Failure to receive prior approval for deviations in work, school, or other authorized leave.

- 14) Failure to fully account for time while on authorized leave from the jail when requested to do so.
- 15) Unexcused absence from work, school, or other authorized destination.
- 16) Violation of established curfew conditions. This includes being present in an unauthorized area.
- 17) Failure to immediately report termination from employment, treatment, or school. This includes failing to immediately report unemployment status.
- 18) Failure to obtain staff approval before terminating employment, treatment, or school.
- 19) Failure to arrange for and/or attend court or program ordered hearings, treatment, or meetings.
- 20) Possession of or being under the influence of any narcotics, controlled substances, or related paraphernalia not prescribed or authorized for the participant.
- 21) Possession of or use of any intoxicant or under the influence of alcohol, in any form.
- 22) Refusing to submit to an alcohol test or urinalysis when requested by staff. Failure to provide a sample within one hour of the request will be considered a refusal.
- 23) Threatening language or combative posture toward staff or threatening any person with bodily harm or with any offense against his/her person.
- 24) Fighting with or assaulting any person.
- 25) Lying or knowingly providing a false statement to staff.
- 26) Giving or offering staff a bribe or anything of value for a service or favor.
- 27) Counterfeiting, forging, or unauthorized reproduction of any article (I.E.; overtime note from employer, late note from therapist, etc.).
- 28) Driving without proper insurance or a valid Washington State driver's license.
- 29) Possession of any weapon, firearm or explosive device.
- 30) Possession, introduction, or transfer of any unauthorized item, narcotic, controlled substance, intoxicant, or drug not authorized by medical staff into the facility.
- 31) Failure to immediately report any change in wages or income to staff.

- 32) Failure to immediately inform staff of any change in the participant's driver's license status.
- 33) The wearing of any clothing depicting nudity, racial, or obscene slogans. This includes any gang related symbols or colors.
- 34) Unauthorized home visits.
- 35) Failure to notify and receive permission from the Alternative Sanctions Coordinator before leaving the county.
- 36) Failure to immediately report in with staff upon re-entry to the facility.
- 37) Failure to submit to a strip search upon re-entry to the facility.
- 38) Violation of any of the rules and policies established by the Mason County Jail.
- 39) Failure to keep assigned living area neat and orderly.

For major/serious infractions, a participant may be given a direct order to report to the Alternative Sanctions office for the purpose of conducting a disciplinary hearing. One or more of the following sanctions may be imposed:

- Filing of new charges.
- Removal from the program and incarceration.
- Forfeiture of good time.
- Restitution for any property stolen, damaged, or destroyed.

**I agree that I have read and understood all the rules in this contract. I agree to abide by these rules and understand that failure to follow these rules may lead to my removal from the Work Release Program.**

\_\_\_\_\_  
**Applicant Name**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Alternative Sanctions Officer**

\_\_\_\_\_  
**Date**

## **JOB SEARCH**

Job search may be allowed for inmates if they are in the Work Release Program and have lost employment due to no fault of their own. The following rules will apply:

Inmates must obtain prior approval from Alternative Sentencing Supervisor before searching for work.

The maximum length of time allowed for work search is four hours per day for one week. The Alternative Sentencing Supervisor must approve any extension beyond this time.

Job searches will not be allowed on Sundays or holidays.

Inmates on work search will not leave the facility prior to 8:00 a.m. and return no later than 5:00 p.m.

Inmates on work search must present a list of all businesses that will be visited. This list must receive prior approval by the Alternative Sentencing Supervisor. The inmate must provide a signed form from each business including the time of arrival and departure.

Inmates will be required to continue payment of daily fees while on work search. Fee reductions will be at the discretion of the Alternative Sentencing Supervisor.

If an inmate finds employment, they shall contact the jail immediately and await instructions. Inmates will not be allowed to start a business without permission from Alternative Sentencing Supervisor.

Work search outside Mason County must be pre-approved by Alternative Sentencing Supervisor.



# **ALTERNATIVE SENTENCING**

## **Employer Orientation**

Greetings:

The Mason County Sheriff's Office, Jail division, provides alternatives to incarceration to inmates that meet certain conditions. These alternatives include electronic home monitoring, work release, and day reporting. The Sheriff's office will allow people to continue employment as long as certain conditions are met. Your employee will provide you with an employment verification form. Please fill this out and sign it.

The Jail division will randomly send officers to check on your employee at the work site. The purpose of this is to ensure compliance with program rules and to verify that the employee is actually at work. These checks will be brief and as discreet as possible.

Employers must be aware intentionally lying or falsifying information to any law enforcement officer may be grounds for criminal prosecution. If you have any questions not covered here, please address them to the Alternative Sentencing Officer. We have listed the following to help answer any questions or concerns you may have:

### **Employee/Inmate Responsibilities**

The employee/inmate is responsible for the following:

- 1) Any and all fees owed for the program he/she is on.
- 2) Transportation to and from work.
- 3) Compliance with program rules.
- 4) Notifying officers of changes in job sites.
- 5) Notifying officers of any increase or decrease in wages.

### **Employer Responsibilities**

The employer will be responsible for the following:

- 1) To read/sign this form and the employment verification form.
- 2) To notify the Alternative Sentencing Officer of any change in your employees work schedule.
- 3) To provide work related supervision.
- 4) To ensure your employee does not leave the work site unless it is work related.
- 5) To immediately notify the Alternative Sentencing Officer if the employee is laid off, fired, or fails to report for work.

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Employer Signature

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Date

**(360) 427-9670 EXT: 172**

**FAX (360) 432-5663**

# Employment Verification

\_\_\_\_\_  
Company's Name

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Employer's Address

\_\_\_\_\_  
Employee's Address

\_\_\_\_\_  
Employer's Phone

\_\_\_\_\_  
Employee's Phone

\_\_\_\_\_  
Company's Business License Number

\_\_\_\_\_  
Employee's Job Title

\_\_\_\_\_  
Wage/Salary      Hr./Monthly

\_\_\_\_\_  
Employee's Supervisor

\_\_\_\_\_  
Date of Hire

\_\_\_\_\_  
Job Location

## Alternative Sentencing Use Only

### Work Schedule

	Start Time	End Time
Mon	_____	_____
Tue	_____	_____
Wed	_____	_____
Thur	_____	_____
Fri	_____	_____
Sat	_____	_____
Sun	_____	_____

Out	IN	Out	IN

Comments: