

Dickinson County Work Release And Mittimus Policy

Dickinson County will agree to Work Release for inmates of the County Jail only under the following conditions:

1. The Offense is:
 - a. First offense O.W.I. with a sentence of seven days or more.
 - b. Driving while suspended or revoked with a sentence of seven days or more.
 - c. A non-aggravated property or alcohol related offense with a sentence of seven days or more.
2. The sentence was the result of a plea of guilty agreement.
3. The defendant agrees to and does abide by the sheriff's rules regarding the work release.
4. The inmates place of employment is within a 30 mile radius of the Dickinson County Jail
5. The Sheriff or his designee shall from time to time conduct a compliance check at the inmate's place of employment.
6. There will be a work release fee schedule that will be paid in full, in advance:

In County fees:

Per Day Room and Board:	\$30.00
Per Day Work Release	\$25.00
Total Per Day with Work Release:	\$55.00

Out of County fees:

Per Day Room and Board:	\$80.00
Per Day Work Release:	\$25.00
Total Per Day with Work Release:	\$105.00

7. Persons will be allowed to serve their sentence on weekends for a period of no shorter than 48 hours. Persons requesting this will be assessed a fee of **\$50.00** per day. (Paid in full in advance) The Dickinson county Jail reserves the right to refuse this type of accommodation depending upon jail population and special events in the area. Persons opting for this option will not be eligible for work release.
8. If alcohol is detected and a breath test is performed on the work release inmate, there will be a fee of \$15.00 for the breath test.

Employer's Certificate

COMES NOW the undersigned and hereby states:

1. My name is _____ and I am the supervisor / employer of _____(employee).
2. Employer's address is _____ and the employer's telephone number is _____.
3. The employee is currently employed by me and should the employee be imprisoned in the Dickinson County Jail for the period of time under the work release program, the employee will not be terminated from this employment as a result of participating in the work release program.
4. The employee's work schedule for the time period in which the employee is to be imprisoned is as follows (include exact dates and times):

5. Employee's attendance at work may be verified by calling _____ (name of person) at _____ (telephone #).

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

Date Employer / Supervisor's Signature

The undersigned _____ (employee) who is participating in the Dickinson County Work Release Program hereby authorizes _____ (employer) to release to the County Sheriff or Attorney's office any and all information concerning the undersigned's employment during the time period of the work release including attendance records and time card reports.

Date Employee's Signature

Approved Denied Jail supervisor: _____