

# HOUSE ARREST RELEASE INFORMATION SHEET

You must fill this form out completely and **LEGIBLY** or your work release will not be considered valid. It is your responsibility to keep this information current. If at any time it has changed and we have not been notified your work release could be suspended or revoked. You could also lose good time.

## PERSONAL

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Operator's License #: \_\_\_\_\_ State: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Length at Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (parents, significant other, ect)

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Roomates: \_\_\_\_\_

## EMPLOYMENT

Employer: \_\_\_\_\_ Work Site: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Address: \_\_\_\_\_

Supervisor's Contact Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

## VEHICLE

Make/Model/Year: \_\_\_\_\_ Color: \_\_\_\_\_

Plate Number: \_\_\_\_\_ (PROOF OF INSURANCE/REGISTRATION/VALID LICENSE REQUIRED)

## SENTENCING INFORMATION

Court: \_\_\_\_\_ Judge: \_\_\_\_\_

In Date: \_\_\_\_\_ Length of Sentence \_\_\_\_\_

Charges: \_\_\_\_\_

Probation/Probation Officer: \_\_\_\_\_

## HOUSE ARREST

You will be required to pass a urinalysis test for drugs and preliminary breath test prior to approval for Work Release or House Arrest. Applicants that fail test may request to be re-tested after 14 days of failed test, and only when time permits.

Comes now the defendant and petitions the Court for permission to leave the Hall County Department of Corrections during the sentence imposed upon the Defendant.

Processing applications may take 3-7 working days from incarceration. Judges must put Work Release and/or House Arrest authorized in Sentencing Order. Applications will need to be obtained from the Hall County Department of Corrections website. Both the employer and the inmate must fill out required paperwork. Paperwork can be emailed or faxed back to Hall County Corrections.

**By signing, you are stating that you have read and understand the Work Release/ House Arrest rules and agree to abide by them. You are also authorizing Hall County Corrections to collect money for Program and Testing fees. Failure to comply with these rules may result in removal from the Work Release/ House Arrest Program.**

(\_\_\_\_\_) I understand any medical bills or injury/ accident expenses will be my responsibility.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Defendant: \_\_\_\_\_

Printed Name of Defendant: \_\_\_\_\_

### Corrections Department Recommendations

## APPROVED / DENIED

The Hall County Corrections Department has reviewed this application and recommends:

Date \_\_\_\_\_ Signature \_\_\_\_\_ Officer \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_ Judge \_\_\_\_\_

HALL COUNTY CORRECTIONS – WORK RELEASE AND/OR HOUSE ARREST PROGRAM

EMPLOYER AGREEMENT

I understand that \_\_\_\_\_, whom I employ, has applied for Work Release at Hall County Corrections. Hall County Corrections agrees to advise the employer of any change in the employee's Work Release status that may affect his/her employment and job attendance. In order to provide appropriate supervision of this individuals activities while on the Work Release Program, I agree to the following:

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1. To generally account for and supervise this employee during his/her working hours. THIS INCLUDES REPORTING ANY UNAUTHORIZED ABSENCE OR EARLY DEPARTURE OF EMPLOYEE FROM AUTHORIZED WORK HOURS. Also, any employee misconduct or change in employment status.
2. To allow Officers of the Jail to visit this employee on the job and to discuss his/her conduct and schedule with supervisory personnel.
3. The Judge's Work Release order, showing days and hours of ability to work, will not change from week to week. May work up to 6 days per week. Only allowed up to a 12 hour shift. ALL EMPLOYEES TO REMAIN WITHIN GEOGRAPHICAL BOUNDARIES OF HALL COUNTY, NO EXCEPTION. MUST PROVIDE COPY OF CERTIFICATE OF LIABILITY/WORKERS' COMPENSATION INSURANCE FORM.
4. The application processing and approval/denial will start on date of incarceration after chemical/PBT testing. Allow 3-7 Business days from date of incarceration.

SUPERVISOR'S NAME-PLEASE PRINT \_\_\_\_\_

EMPLOYER'S SIGNATURE \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

ADDRESS OF EMPLOYMENT \_\_\_\_\_

CITY \_\_\_\_\_ PHONE \_\_\_\_\_ DATE \_\_\_\_\_

EMPLOYEE JOB TITLE \_\_\_\_\_ PAY DAY \_\_\_\_\_

HOW OFTEN PAID/DATE \_\_ WEEKLY \_\_ BI-WEEKLY \_\_ OTHER \_\_ HOURLY WAGE \_\_\_\_\_

**EMPLOYEE HOURS: Indicate whether hours are AM or PM**

MONDAY			MONDAY		
TUESDAY			TUESDAY		
WEDNESDAY			WEDNESDAY		
THURSDAY			THURSDAY		
FRIDAY			FRIDAY		
SATURDAY			SATURDAY		
SUNDAY			SUNDAY		
DAY	START	END	DAY	START	END

HALL COUNTY DEPARTMENT OF CORRECTIONS  
RULES AND CONDITIONS OF HOUSE ARREST

1. REFRAIN FROM USING ANY ALCOHOLIC BEVERAGES OR CONTROLLED SUBSTANCES.
2. REFRAIN FROM VIOLATIONS FROM ANY CITY, COUNTY, OR STATE LAWS OR ORDINANCES.
3. SHALL AVOID PERSONS AND PLACES OF DISREPUTABLE CHARACTER.
4. I WILL GO TO WORK AND BACK BY THE MOST DIRECT ROUTE. WORK IN HALL COUNTY OR ANY COUNTY THAT BORDERS HALL COUNTY.
5. KEEP TO MY SCHEDULE AND ONLY CHANGE TIMES AND SCHEDULE WITH APPROVAL OF THE HOUSE ARREST OFFICER.
6. ALL NEEDED CHANGES IN WORK RELEASE SCHEDULES MUST BE IN WRITING FROM THE EMPLOYER AND BE TURNED IN ON EACH WEDNESDAY BY 3:30 PM FOR THE NEXT WEEK. EMPLOYERS MAY BE CONTACTED AT ANY TIME TO VERIFY YOUR HOURS, LOCATIONS AND FURTHER SCHEDULES.
7. SHALL ATTEND WORK OR SCHOOL AT TIME SCHEDULED.
8. SHALL ANSWER ANY REASONABLE INQUIRIES ON THE PART OF THE HOUSE ARREST OFFICER CONCERNING MY CONDUCT OR CONDITION AND ALLOW THE HOUSE ARREST OFFICER TO VISIT AT ALL REASONABLE TIMES AND PLACES.
9. KEEP ALL PAYMENTS UP TO DATE.
10. TAKE CARE OF ALL EQUIPMENT. I AM RESPONSIBLE FOR THE REPLACEMENT COSTS ASSOCIATED WITH THE LOSS OR DAMAGE TO THE ELECTRONIC MONITORING EQUIPMENT (RECEIVER - \$ 1,620.00 TRANSMITTER - \$575.00).
11. DO NOT HAVE ANY GATHERING AT MY HOME UNLESS APPROVED BY THE HOUSE ARREST OFFICER.
12. SHALL SUBMIT AND PAY FOR A TEST OF BREATH, URINE, OR BLOOD UPON REQUEST OF THE HOUSE ARREST OFFICER TO DETERMINE USE OF ALCOHOL OR CONTROLLED SUBSTANCE.

13. IN THE EVENT OF AN EMERGENCY I WILL TAKE ACTION TO RESOLVE THE EMERGENCY. AFTER THE EMERGENCY HAS BEEN RESOLVED, I WILL CONTACT THE HOUSE ARREST OFFICER AS SOON AS POSSIBLE. THE EMERGENCY MUST BE ABLE TO BE VERIFIED TO THE SATISFACTION OF THE HOUSE ARREST OFFICER.

14. I WILL BE RESPONSIBLE FOR MY OWN MAINTENANCE, MEDICAL CARE AND BILLS WHILE ON THE HOUSE ARREST PROGRAM.

15. I MUST HAVE WORKING TELEPHONE EITHER CELLULAR OR LANDLINE.

16. I MUST NOTIFY THE HOUSE ARREST OFFICER IMMEDIATELY IN THE EVENT I AM ISSUED A CITATION, ARRESTED OR INTERVIEWED FOR POSSIBLE CRIMINAL ACTIVITY.

17. HOUSE ARREST INMATES ARE NOT ALLOWED TO POST TO SOCIAL MEDIA ABOUT THEIR CUSTODY STATUS WITH HALL COUNTY CORRECTIONS.

18. OTHER CONDITIONS:

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19. OTHER CONDITIONS:

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20. OTHER CONDITIONS:

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21. OTHER CONDITIONS :

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Without a Judge's Order, the following are excluded from participating in the Work Release Program:

- Sex Offenders
- Inmates requiring Administrative Segregation
- Travel outside of Hall County (unless approved)
- Assaultive felony charges

Without a Judge's Order, the following are excluded from participating in House Arrest Program:

- Sex Offenders
- Domestic Assault charges (if protection order in place)
- Assaultive felony charges
- Travel outside Hall County (unless approved)

House Arrest fee schedule:

- Urinalysis test 15.00
- Enrollment Fee 25.00
- Daily fee 20.00
- Sentences of 14 days need paid completely at time of enrollment
- For sentences of over 14 days; a minimum of 320.00 is required at enrollment and then paid weekly thereafter until debt is satisfied.

Work Release fee schedule

- Urinalysis test 15.00
- Daily fee 15.00
- Sentences of 14 days need paid completely at time of enrollment
- For sentences of over 14 days; a minimum of 225.00 is required at enrollment and then paid weekly thereafter until debt is satisfied.