



PLYMOUTH COUNTY SHERIFF'S OFFICE

Jeff TeBrink, Sheriff
451 14th Ave NE, Le Mars, IA 51031
Phone: (712) 546-8191 Fax: (712) 546-8796

Inmate Name: _____

Date of Birth: _____

Address: _____

1. I will not purchase, use or consume any alcoholic beverage, beer, wine or wine substitutes while I am on work release.
2. I will not purchase, possess or consume any controlled substance not prescribed by a physician licensed to practice medicine in the State of Iowa.
3. **I agree** to random drug and alcohol (Preliminary Breath test, Data Master or urine) testing by the jail staff of the Plymouth County Sheriff or other law enforcement officers or agencies upon request by the Plymouth County Sheriff's Jail Staff to conduct said test.
4. **I agree** to be at those places and times specified by the Sheriff of Plymouth County, Jail Staff and/ or designee(s) for the purpose of Work Release and transportation to and from emergencies that occur, and will abide by their decision or instructions.
5. **I agree** to notify the Jail at phone number 712-546-4419 immediately in the event there is a change in job status, required by job site or for an emergency that occurs, and will abide by their decision or instruction.
6. **I understand** that I will be released from jail each day I am scheduled to work at approx. _____ am/pm (Or as soon as the jail personnel are available) 12 hrs. maximum work day.
7. Court ordered work search will be allowed 3 days a week from 0900 to 0300. Any additional interviews will need to be approved by a jail supervisor. All other rules mentioned in this agreement will apply.

My work hours: _____ am/pm. **To:** _____ am/pm per work schedule that is provided to the Jail staff form the supervisor you report to. **Employment:** _____

Address: _____ **Phone Number:** _____

It is understood that due to my time departing and arriving to/from work release, that I will not be served meals while out on said work release. It is agreed that Jail Staff may at any time for good cause suspend, deny or terminate the work release of the inmate if condition or circumstance necessitate.

I understand that I am to promptly return to jail in the event that my work schedule is interrupted due to illness. I will keep the Jail Staff informed at all times about my whereabouts in the event of inclement weather and other unforeseen problems.

I agree that I will make one payment for the total amount per day of time sentenced to work release at \$35.00 per day in advance to the Plymouth County Sheriff's Office. The payment can be made by cash only.

Pursuant to Iowa code section 365.36

When staff receives the cash it will be entered on work release account and then billed daily.

The motor vehicle I will be commuting with is: _____

IA License number: _____ . Additional vehicles to be listed on attached document.

Home telephone #: _____ Cell Phone #: _____

Other Conditions/Remarks/Notations/Revocation:

Inmate Name: _____

Jail Staff: _____

Dated: _____