



WORK RELEASE RULES/PROCEDURE/RELEASE AGREEMENT

I understand that the house arrest program fee is \$50 per day. I understand that all past due room and board debts must be paid in full.

1. _____ I understand I am prohibited from using or consuming drugs or alcohol while on GPS monitoring. The only exception to this will be prescription medication that is prescribed to the offender with the offender using the prescribed medication as outlined on the labeling. All alcohol and drugs shall be removed from the residence while the offender is on GPS monitoring.
2. _____ I understand I am prohibited from possessing firearms or other offensive weapons. Such weapons shall be removed completely from the residence during GPS monitoring.
3. _____ I understand I am prohibited from having visitors at their residence while on GPS monitoring. The only exception to this would be the offender's immediate family. Immediate family shall be considered as: Spouse, Mother, father, and children.
4. _____ I understand I am on a work release status and shall abide by all rules as clearly outlined in that program.
5. _____ I understand I am to never stray from the outlined schedule without having approval to do so from EMS staff or Supervising Authority, or Managing Authority of Dubuque County Jail. Permission shall never be sought from any other law enforcement officer outside of these three levels.
6. _____ I understand I must cooperate always with the EMS staff or any member of the Dubuque County Sheriff's Office working under the direction of the EMS staff, Supervisory Authority or Managing Authority. This shall include submitting to random breath tests/urinary analysis, following directions verbally conveyed in person or by phone, and allowing EMS staff to enter upon their property or into their residence for verifying conformity of the rules.
7. _____ I understand I must reside in Dubuque County and remain in Dubuque County while under GPS supervision. Special permission may be granted for temporary travel outside of Dubuque County for employment or medical treatment. These special situations will be evaluated on a case-by-case basis.
8. _____ I understand and agree to keep the tracking device charged as directed and to immediately comply with any requests to charge the device.
9. _____ I understand I must not in any way remove, tamper with, attempt to circumvent, or damage the GPS device.

Inmate: _____ Date/Time: _____

Witness: _____ Date/Time: _____



Jail Division
Dubuque County Sheriff's Office
(563) 589-4420 or (563) 587-3848

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10. _____ I understand that if I or someone else damages any monitoring equipment, I or they may be criminally or civilly charged, and I or they may be held accountable for the full replacement cost of the device.
11. _____ I understand and acknowledge that my location will be tracked 24 hours per day and that the tracking data can be used against me if I fail to comply with the conditions of release or if I commit a crime while being monitored.
12. _____ I understand that Dubuque County does not have any responsibility to provide food, clothing, hygiene products, dental, or medical care while they are participating in the GPS program.
13. _____ I understand and agree to pay appropriate fees that are spelled out in their respective contract.
14. _____ I understand if employed must realize I will qualify for some sort of good time as set out in the parameters below.
15. _____ I understand if unemployed must realize that good time will not be considered for them in the GPS monitoring program since the I will not be serving any time in jail and have not incurred the same expense as those employed.
16. _____ I understand I will get 2 hours every two weeks to run errands, ie, groceries, gas, medications, or other life necessity as approved by EMS staff.
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I have read, understand, and agree to all the above rules and conditions of the jail work release program. I agree to abide by all rules and regulations stated within and accept all terms of this release agreement. I understand that any violations of these rules or any laws may result in my privilege being suspended or revoked by the Jail Administrator or designee.

I hereby declare that all personal and employment information I have provided is true and accurate. I understand that it will be verified. I also understand that if information is found to be false I may not be eligible to participate in the work release program.

I understand that I have been scheduled to report on _____ at _____ to begin my sentence.

I understand I must report free of any drugs or intoxicants, and that I will be tested upon turning myself in and randomly tested while on the work release program. If I test positive at any time I understand my release privilege may be revoked.

I understand I am serving _____ days and must report with \$_____ in order to be allowed the release privilege.

I understand if I fail to report, an immediate pick-up order may be issued to enforce my sentence and I may lose my release privilege.

I understand I may be checked on regularly at my place of employment to verify my compliance with all rules & regulations

Inmate: _____ Date/Time: _____

Witness: _____ Date/Time: _____