

Meeker County Jail – Release Application

(Return Application with Written verification from employer and signed Rules)

Full Name: _____ Date of Birth: _____
(Last) (First) (Middle)

Street Address: _____ Home Phone (____) _____
City: _____ Cell Phone: (____) _____

Probation Officer: _____

Vehicle Information- Complete only if you are driving yourself

License Plate: _____ Vehicle Year: _____ Make: _____ Model: _____ Year: _____

Other Transportation (walk or bike) _____

Driver Information- Complete only if someone is driving you- complete one for each driver

Last Name: _____ First: _____ Middle: _____ Date of Birth: _____

Last Name: _____ First: _____ Middle: _____ Date of Birth: _____

Last Name: _____ First: _____ Middle: _____ Date of Birth: _____

Treatment Information- Complete below information and turn in letter from your counselor with application

Agency: _____ Counselor: _____ Phone: _____

Address: _____ Scheduled Days: _____ Time Start: _____ End: _____

_____ Scheduled Days: _____ Time Start: _____ End: _____

Employer Information- Must be filled out by Employer

Company: _____ Supervisor Name: _____

Business Address: _____ Supervisor Work phone number (____) _____

(No P.O. Box) _____ Employee Work phone number (____) _____

Date employee started working for you: _____ Hourly wage: _____

Please complete the actual hours your employee will be at work- do not include drive time. If schedule changes regularly, an updated written copy needs to be given to the jail at least a week ahead of time. Schedules cannot be changed because of weather to make up for lost hours. If inmate is done early, they must report directly back to jail. Any overtime or other changes in schedule require a minimum of 2 days written notice.

Circle Days: Sun Mon Tu Wed Th Fri Sat Start time: _____ End Time: _____

Comments: _____

I understand that the above individual will be participating in the Meeker County Jail release program and I must provide complete and accurate information. I understand jail staff will conduct phone and on site release verifications. I understand that this individual must provide weekly written documentation signed by a supervisor to verify attendance. I agree to cooperate with the jail and notify the jail immediately if inmate is terminated or laid off.

Signature of supervisor/Owner

Please print name here

Date