



# SARPY COUNTY DEPARTMENT OF CORRECTIONS

## HOUSE ARREST / WORK RELEASE APPLICATION

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\*\*\*\*\* PLEASE READ BELOW TO SEE IF YOU QUALIFY FOR W/R OR H/A \*\*\*\*\*

Sarpy County Department of Corrections will afford qualified individuals the opportunity to continue with outside employment through the application of a work release or house arrest program.

WORK RELEASE is defined as residing in a work release facility with time allowed to go to and from work.

HOUSE ARREST is defined as an inmate residing in their personal residence under electronic monitoring. The inmate may leave the residence only to attend work.

**To be eligible to apply for work release or house arrest, you MUST meet the following minimum requirements:**

1. You must be a sentenced Sarpy County inmate, with 5 days or more left to serve.
2. You must already have employment. Employment at a temporary agency is not an acceptable form of employment. Employment must be within Sarpy/Metro/Council Bluffs area. Employment at an establishment where alcohol is a primary source of income will not be approved (i.e., Bar/ Bar & Grill, liquor stores, etc.).
3. You must reside within the Sarpy/Metro area.
4. You must not have any outstanding warrants, holds, or unpaid bonds in ANY State.
5. You must have reliable transportation directly to and from your work.
6. Your current conviction MUST NOT be a result of: Domestic violence, protection order violation, stalking, child abuse, a sexual offense, cases involving serious injury or death (i.e., leaving scene personal injury accident), Escape, Felony Flight to Avoid, Transport Child While Intoxicated (may be considered for Work Release ONLY) or a crime of violence (misdemeanor assault charges [non-domestic] may be considered).
7. You may not have an active protection order or be a registered sex offender.
8. Your past performance on Pretrial Release, Diversion, and/or Probation will be taken into consideration regarding your recommendation for the program.

**\*Some offenses may be considered on a case-by-case basis. Dependent upon the review of Correctional staff.**

PAGES 1 & 2 MAY BE KEPT FOR YOUR REFERENCE

**To qualify for house arrest, you MUST also meet these additional requirements:**

1. Your current conviction MUST NOT be a result of: a weapon related offense, or *any* crime of violence.
2. Sarpy House Arrest clients must have a suitable residence in the Sarpy/Metro area. There is a daily house arrest fee (\$13.50), plus a one-time \$25.00 hook-up fee.
3. If deemed appropriate or ordered, a continuous alcohol monitor will be worn at your additional expense (approximately \$12.00 a day) paid directly to monitoring agency. This will require two days each week you will be responsible to report to the monitoring agency. Please keep this in mind for needed additional transportation needs.

**ADDITIONAL INFORMATION**

1. You may work a maximum of six (6) days per week with no restrictions on the time of day the hours are worked. The maximum work day will be 12 hours, the maximum number of hours worked per week will be 60 hours.
2. Sarpy Work Release clients are housed at the Douglas County Work release center at 710 South 17<sup>th</sup> street in Omaha. There is a daily work release fee (approximately \$15.00), regardless if you work or not that day, to be paid to Douglas County each week. PLEASE NOTE that Douglas County Corrections reserves the right to implement additional eligibility requirements. Please contact our office for current requirements. You must have received your Covid 19 vaccination(s) and be at least 2 weeks past your final dose to be eligible or be willing to receive the vaccine.
3. After submitting an application, your listed employer will be contacted. (You may be asked to provide additional information- to include recent paystub, proof of worker's compensation insurance, etc.)

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After the work release/house arrest office receives your application, it may take up to 5-7 business days to process it. The Judge who handled your case will make the final decision to grant or deny your application for work release or house arrest.

If your application is denied, you will receive documentation stating so. A second application may be submitted 30 days from the date of the Judge's denial. No more than two applications may be submitted.

*If you are approved for a program, you will be contacted directly by the Work Release/House Arrest office with further details and information. It may take a few days after approval to arrange final details before you may be moved to a work release center.*

PAGES 1 & 2 MAY BE KEPT FOR YOUR REFERENCE

# SARPY COUNTY DEPARTMENT OF CORRECTIONS

## APPLICATION FOR HOUSE ARREST / WORK RELEASE

**\*\*\* COMPLETE THIS FORM IN FULL- Any fields left blank shall be marked with "N/A"  
APPLICATIONS NOT COMPLETED WILL BE RETURNED.**

Name (Full): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Check **ONE** of the boxes below and explain why you want to be on the program.

If applying for house arrest with work release, check the house arrest box.

Work Release \_\_\_\_\_ Reason: \_\_\_\_\_

OR

House Arrest \_\_\_\_\_ Reason: \_\_\_\_\_

Current Home Phone: \_\_\_\_\_ Current Cell Phone: \_\_\_\_\_

Cell Phone Provider: \_\_\_\_\_

Current Address where you live: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Name and phone number of homeowner or person who can verify your address:

Current Email Address: \_\_\_\_\_

List all people living at your above listed address:

Name	Relation to you	Age /DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMPLOYMENT INFORMATION:**

Employer: \_\_\_\_\_ Month/Year Started: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor's Name (Full): \_\_\_\_\_

What is your Job Title: \_\_\_\_\_

Have you notified your employer that we will be contacting them \_\_\_ Yes \_\_\_ No  
If No, please do so, to speed up the verification process.

Is the Employer or any Co-workers Related to you? \_\_\_ Yes \_\_\_ No

How Many Hours on Average do you Work a Week? \_\_\_\_\_ hours

Does the Schedule Stay the Same Each Week? \_\_\_ Yes \_\_\_ No

Indicate your current work days and hours below. Please refer to page 2 for work hour restrictions.

\*\*\* Sarpy County or the Work Release Center has the right to restrict work hours if needed \*\*

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Past Employment in last three years: List Company Name and Dates from – to:

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Do you have a valid current driver's license Y / N. If yes, from what state \_\_\_\_\_.

**Due to certain requirements, you may not be able to drive while on house arrest / work release. List name(s) and DOB of licensed, registered, and insured driver(s) providing your transportation to and from work.**

**YOU MUST LIST AT LEAST ONE INDIVIDUAL TO PROVIDE TRANSPORTATION.**

Name	DOB	Relationship	Licensing State
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What is your current conviction for? \_\_\_\_\_

What are the circumstances surrounding the original arrest?

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Were you on Pre-Trial Services for this charge before sentencing? \_\_\_\_\_ Yes \_\_\_\_\_ No

Were you on Diversion for this charge? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, when/dates \_\_\_\_\_

Have you been on Work Release or House Arrest before in Sarpy County? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when: \_\_\_\_\_

Have you ever been on another Counties' Work Release / House Arrest Program? \_\_\_ Yes \_\_\_ No

If yes, when and what county: \_\_\_\_\_

Have you ever been terminated from Sarpy County or any other Counties' Work Release or House Arrest Program? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, why: \_\_\_\_\_

Have you ever been on probation? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, when and where: \_\_\_\_\_

Did you successfully complete probation? \_\_\_\_\_ Yes \_\_\_\_\_ No If not, why: \_\_\_\_\_

List all prescription and non-prescription drugs you are currently prescribed and taking:

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List any illegal drugs that you have ever taken in your lifetime and dates you last took them? \*\*

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When was the last time you consumed any alcohol (provide exact date if possible): \_\_\_\_\_

How much alcohol did you consume? \_\_\_\_\_

On average, how much alcohol do you drink a day? \_\_\_\_\_

Have you ever been treated for alcohol or drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when and where, did you complete it? any aftercare recommendations?

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**\*\*By submitting this application, you are agreeing to discontinue all alcohol and drug use; not prescribed by a physician (this includes any CBD products Delta-8 or any other synthetic drugs). You additionally acknowledge that your last reported date of use on this application is true and will be used when conducting a baseline drug test. Any positive test that is not within the acceptable baseline period may affect your placement on the program. please initial here \_\_\_\_\_**

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**\*\*\* Any false or misleading information provided on this application shall result in the application not being processed or immediate removal from the program. \*\*\***

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature indicates you have reviewed the minimum requirements and additional information regarding the cost of the program. You acknowledge the information you provided on this application is true to the best of your knowledge.