



WPR# _____

MENDOCINO COUNTY SHERIFF'S OFFICE

Corrections Division
Work Release Program

WORK RELEASE APPLICATION

Applicant - Do not fill in shaded box:

COURT INFORMATION:		
Offense: _____	Sentence: _____	Surrender Date: ____/____/____
Court: _____	Court #: _____	Attorney: _____

Applicant - Fill in below boxes:

Name: _____	Date of Birth: ____/____/____	State of Birth: _____
<small>Last</small> _____	<small>First</small> _____	<small>Middle</small> _____
Home Address: _____	City: _____	State: _____ Zip: _____
Mailing Address: _____	City: _____	State: _____ Zip: _____
Telephone: _____	Race: _____	Hair: _____ Eyes: _____ Height: _____ Weight: _____ Sex: _____
Driver's License #: _____	State: _____	Social Security #: _____

EMPLOYMENT INFORMATION:		
Occupation: _____	Employer: _____	Telephone #: _____
Address: _____	City: _____	State: _____ Zip: _____

EMERGENCY CONTACT INFORMATION:		
Name: _____	Relationship: _____	
Address: _____	City: _____	State: _____ Zip: _____
Home Telephone #: _____	Business Telephone #: _____	

RULES AND REGULATIONS

1. Must meet the criteria as outlined in the Work Release Program policies and procedures. The participant must have a misdemeanor sentence of 45 days or less; must not have been convicted of any misdemeanor sex crimes, or violence; must not have a history of violence, sex crimes, or multiple drug charges, or any felony conviction within the last three years; and must not have outstanding charges, detainers or protective orders.
2. If you are on disability or have medical problems, you will be required to provide a written statement from a licensed physician or other official allowing you to perform manual labor. This statement is required at the time of your interview.
3. Per Penal Code Section 4024.2, Participants are not eligible for good and work time credits.

I declare that the above information is true and correct. I will perform my assigned days of service to the satisfaction of the work supervisor to whom I am assigned. I agree to obey all laws and abide by the rules of the work release program. I understand that any infraction may result in removal from the program and referral to the sentencing court for final disposition. I authorize the release of information in my medical, employment, and criminal records as necessary for the implantation and duration of this program.

PARTICIPANT: _____ Date: _____

ACCEPTED BY: _____ Date: _____

Commitment Order Removed: _____

Form 119 Rev. 04/2023

A#: _____

SID#: _____

FBI#: _____



MENDOCINO COUNTY SHERIFF'S OFFICE
Corrections Division
Work Release Program

463-4092

You have been referred by the sentencing court for consideration to the Sheriff's Work Release Program. In order for us to determine your eligibility for the Work Release Program, you must do the following:

▶ Read and complete the application on the reverse side.

☐ MAIL completed application to:

Mendocino County Sheriff's Office
Attn: Work Release Program
951 Low Gap Rd
Ukiah Ca 95482-3797

Once your application and application fee have been received, the Work Release Officer will evaluate you for the program.

⇒ **If accepted**, you will be notified and given a date and time for an interview.

⇒ **If denied**, you will receive a written explanation and will be required to report to the Mendocino County Jail as directed by the judge.

If you have any questions, or have not heard back from our office within ten (10) working days, please contact the Work Release Program at 463-4092, Monday through Friday, 8:00 a.m. through 2:00 p.m.

**PLEASE DO NOT COME INTO THE OFFICE
WITHOUT AN APPOINTMENT !**

