

MOTION AND APPLICATION FOR WORK RELEASE PRIVILEGE

Cause Number _____

THE STATE OF TEXAS VS. _____

JAIL SENTENCE TO BEGIN (date & time) _____

COMES NOW _____, herein after called Defendant in the above numbered and entitled cause and files this *Motion and Application for Work Release Privilege* and as grounds would show the court as follows: I have or will be sentenced to jail time in this cause, and am requesting that I may be allowed to serve the sentence in such a manner that I might be able to keep and maintain my employment so that I may not become a further financial burden on the government of this city and the county. In asking for this accommodation, I accept the following terms and conditions and make the following promises and statements to the court under oath. **I understand that if I ever arrive at the jail late OR if I arrive at the jail under the influence of alcohol or drugs OR if I am arrested for another criminal offense while on work release, the time remaining on my sentence will be served without release.**

FURTHERMORE, I acknowledge that it is a FELONY offense to bring alcoholic beverages, firearms, controlled substances, dangerous drugs, explosive weapons, or illegal knives into the Smith County Jail or into any office utilized by this, or any Court. I understand AND PROMISE that I am and will continue to be employed in the position and of the hours stated within this form. Futhermore, I understand that any changes in my employment, position or scheduled work hours stated within this form can only be changed under the order of this court. Furthermore, I understand that any changes in my employment status can only be changed under order of this court. I ask the Court to grant said work release and make the following verified statements:

NAME OF EMPLOYER _____

NAME OF SUPERVISOR _____

ADDRESS (Include State and Zip Code) _____

Phone# () _____

Are you related to employer or supervisor? YES No If so, How? _____

Date of Employment (date hired) _____

Average hours worked per week over the last SIX MONTHS _____

Type of work performed _____ Hourly Wage \$ _____

DEFENDANT'S PERMANENT ADDRESS _____

(Include State and Zip Code) _____

DEFENDANT'S PERMANENT PHONE# () _____

I understand that it is a policy of the COUNTY COURT AT LAW that I may only work FIVE (5) days per week, and that my work schedule is NOT SUBJECT TO CHANGE.

- ▶ **If your DRIVER'S LICENSE is suspended, it is required that you have a valid Occupational License and insurance before the Court will consider your application for Work Release.**
- ▶ **Please DO NOT call or have someone to call the COUNTY COURT AT LAW to ask if work release has been approved.**

Do not write inside this box, for Court use only

WORK RELEASE IS HEREBY

GRANTED

DENIED

Presiding Judge

Date: _____

MY WORK SCHEDULED IS AS FOLLOWS:

MONDAY	_____	AM/PM	TO	_____	AM/PM
TUESDAY	_____	AM/PM	TO	_____	AM/PM
WEDNESDAY	_____	AM/PM	TO	_____	AM/PM
THURSDAY	_____	AM/PM	TO	_____	AM/PM
FRIDAY	_____	AM/PM	TO	_____	AM/PM
SATURDAY	_____	AM/PM	TO	_____	AM/PM
SUNDAY	_____	AM/PM	TO	_____	AM/PM

I UNDERSTAND THAT I MUST REPORT TO THE JAIL WHETHER OR NOT MY WORK RELEASE HAS BEEN GRANTED. I FURTHERMORE AGREE TO PAY THE SHERIFF OF SMITH COUNTY A WEEKLY WORK RELEASE FEE AND COMPLY WITH ALL OF THE POLICIES OF THE SMITH COUNTY JAIL DURING MY TERM OF CONFINEMENT.

I UNDERSTAND THAT WORK RELEASE IS A **PRIVILEGE, NOT A RIGHT** AND CAN BE REVOKED OR DENIED AT THE DISCRETION OF THE COURT.

Before me the undersigned authority appeared _____, Defendant in the above numbered and entitled cause who after being duly sworn did state under oath: *“I am the Defendant in the above entitled and numbered cause. I am/am not related to the employer or supervisor listed in this Motion. I have read the above and foregoing Motion and Application for Work Release Privilege and swear or affirm that all the allegations and statements contained herein are true and correct.”*

SIGNED this the _____ day of _____, 20_____.

DEFENDANT

Subscribed and sworn before me by the said Defendant on this the _____ day of _____, 20_____.

NOTARY PUBLIC IN AND FOR SMITH COUNTY, TEXAS
My Commission expires _____

MUST BE COMPLETED BY THE EMPLOYER

Before me, the undersigned authority appeared _____ (employer or supervisor of the Defendant), and under oath sayeth: *“I am the above named employer or supervisor of _____ (defendant), a person known to me, and has been employed with me, or the company I represent, since the _____ day of _____, 20_____, and the Defendant does currently work the hours stated in this Motion and Application for Work Release Privilege.”*

EMPLOYER OR SUPERVISOR

Subscribed and sworn before me by the said Employer or Supervisor on this the _____ day of _____, 20_____.

NOTARY PUBLIC IN AND FOR SMITH COUNTY, TEXAS
My Commission expires _____