

STATE OF IOWA
DEPARTMENT OF CORRECTIONS

WORK RELEASE/OWI RELEASE PLAN

_____ Residential Facility	_____ Offender (print)	_____ ICON#	_____ Date
_____ Address	_____ Case Manager (print)		_____ Date
_____ Telephone			

Any offender in a Work Release/OWI program who willfully fails to follow furlough regulations or who does not return to the designated place of housing at the specified time may be guilty of escape from custody and subject to the penalty provided in the Code of Iowa.

I hereby waive extradition to the State of Iowa from any state where I may be found and agree to not contest any effort by any jurisdiction to return me to the State of Iowa. As a condition of WR/OWI participation, I voluntarily waive any and all liberty interests to a hearing and any and all rights to due process should the Department exercise its right to terminate, suspend or limit/restrict program activity.

Indigent offenders may seek medical services at the University Iowa Hospitals & Clinics (UIHC). This is a matter between the offender and UIHC to determine whether or not the UIHC will accept the offender and provide medical services requested by the offender. Offenders are required to notify residential facility (RCF) staff in advance of all medical appointments and sign necessary release of information. The Central Office WR/OWI Coordinator/Designee will be notified by RCF staff in advance of all scheduled appointments to confirm an offender's legal status with UIHC for payment purposes. Transportation to and from the UIHC will be the responsibility of the offender and approved by staff. Medical issues are not expected to interfere with an offender's work release or OWI program.

Original: Scan into ICON
Copies: Residential Facility File
Offender

_____ Date	_____ Offenders Signature	_____ Witness Signature
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Rule Violations

1. Illegal behavior
2. Verbal Abuse
3. Threats/Intimidation
4. Disobeying a Lawful Order/Directive
5. False Statements
6. Unauthorized Possession/Exchange
7. Possession of Dangerous Contraband
8. Possession of Drugs/intoxicants
9. Possession/Use of Alcohol
10. Abuse of Medication
11. Escape
12. Out of Place of Assignment
13. Failing to Secure/Maintain Employment
14. Sexual Misconduct
15. Unauthorized Use of a Motor Vehicle
16. Unauthorized Possession of Money, Cashing Paycheck, Unauthorized Accounts/Purchases
17. Theft
18. Bartering/Selling Goods
19. Gambling, Debts, etc.
20. Safety/Sanitation Violation
21. Failure to Comply w/Special Conditions or Participate in Treatment
22. Tampering w/Locks or Security Items
23. Damage to property
24. Fighting
25. Assault
26. Violation of a Condition of Leave or Furlough
27. Unauthorized Group/Gang Conduct
28. Obstructive/Disruptive Conduct
29. Habitual Minor Offender
30. Attempt or Complicity

The above rule violations may be considered as major rule violations resulting in the loss of earned time/good time. An Administrative Law Judge will have discretion regarding the amount of time loss to impose subject to policy. For any incident of major violation resulting in escape, serious injury or extreme or willful acts, the Administrative Law Judge may recommend the loss of any or all accumulated earned time.

DATE OFFENDER'S SIGNATURE WITNESS SIGNATURE

Possible Disciplinary Measures

Staff or the disciplinary hearing committee may impose the following disciplinary measures if offenders are found to be in violation of Work Release/OWI regulations.

1. Reprimand
2. Written assignment
3. Special conditions added to the release plan (alcohol treatment, drug treatment, marital counseling, etc.)
4. Placement in any phase of level system
5. Restriction of furlough privileges
6. Loss of privileges
7. Room curfew/restriction
8. Extra duty in the residential facility
9. Damage costs/fines
10. Recommend forfeiture of earned time to Administrative Law Judge
11. Recommend suspension of Honor Contract to Administrative Law Judge
12. Referral to prosecuting authority for violation of the law

Several disciplinary sanctions may be imposed at the same time (restriction, extra duty, special conditions, etc.)

I have read (had read to me) the above and understand that these are the disciplinary options available to staff if I am in violation of any of the conditions of my release.

DATE OFFENDER'S SIGNATURE WITNESS SIGNATURE

_____ will be housed at
(Offender Name and Number)

(Residential Facility)

(Street Address)

(City)

(Telephone)

I agree to pay \$ _____ per _____ for room and/or board.

I agree to pay \$ _____ per _____ for program fees.

In the event of my escape and/or removal from the program, staff shall attempt to notify the person(s) designated below. Per District policy, if my personal property is unclaimed after notification or attempt to notify, staff may destroy or give said property to charity.

I understand that neither the State nor Judicial District is responsible for items damaged, lost, stolen or removed from the residential facility. Furthermore, should I violate the program by escape or be returned to an institution, I authorize District and State Department of Corrections staff to pick up any remaining pay from my employer and to use my funds for repayment of any debts, as provided in **Section 904.905, Code of Iowa**.

In the event that I escape or I am revoked from the program, I shall reimburse the Department of Corrections for the cost of transportation incurred. **Section 904.909, Code of Iowa**.

(Name)

(Relationship)

(Street Address)

(Telephone Number)

I have read (had read to me), understand and agree to abide by the above regulations and special conditions while under the release program.

(Date)

(Offender's Signature)

(Witness Signature)

STATE OF IOWA
DEPARTMENT OF CORRECTIONS
DIVISION OF COMMUNITY BASED CORRECTIONS

Work Release/OWI Plan Addendum

SPECIAL CONDITIONS

All special conditions shall be dated and initialed by a staff member and the offender. When completed, special conditions assume the authority of Work Release/OWI rules.

I understand and agree to abide by the special conditions noted above. I further acknowledge that willful failure to comply with these conditions on my part shall constitute a major rule violation of Work Release/OWI rules.

_____ (Date) _____ (Offender's Signature) _____ (Witness Signature)

WORK RELEASE/OWI PLAN ADDENDUM

Agreement for Out-of-State Employment

I, _____, in consideration of being
(Offender)

granted Work Release/OWI in Iowa and especially being granted the privilege to leave the
state of Iowa to go to _____
(City and State)

hereby understand and agree:

1. That I shall remain an offender of _____
(Residential Facility)

(Address and Phone)

throughout my Work Release/OWI program, under the jurisdiction and subject to all laws, policies and regulations of the state of Iowa.

2. That I shall comply with all conditions of release as specified in my Work Release/OWI plan.
3. That I shall, when duly instructed by authorized Work Release/OWI staff, return at any time to the state of Iowa.
4. That I hereby do waive extradition to the state of Iowa from any state or country where I may be found and also agree that I shall not contest any effort by any jurisdiction to return me to the state of Iowa.
5. The failure to comply with the above shall be deemed to be a violation of the terms and conditions of release for which I may be returned to the state of Iowa.

(Date) (Offender Signature) (Witness Signature)

On the _____ day of _____, 20_____, permission was granted to the above person to work/study in the state of _____ as part of the offender's Work Release/OWI program.

Approved: _____
(Residential Facility Manager/Designee)

Original: Residential Facility File (scan into ICON)
Copy: Offender

STATE OF IOWA DEPARTMENT OF CORRECTIONS
Employment/Educational Program Data

Offender: _____ Offender Number: _____

A. Employment Data	
Employer's Name _____	
Phone _____	Address _____
Type of Business _____	Job Title _____
Immediate Supervisor _____	First Check _____
Workman's Compensation _____	Hospital Insurance _____ Union _____

B. Educational Data	
Institution _____	Phone _____
Address _____	
Major/Program _____	
Contact (Advisor, Guidance Counselor, Instructor) _____	
Tuition (per term) _____	Funding Source _____ Amount _____

C. Schedule	
Starting Date _____	Schedule of Work/School
Days _____	
Leave residential facility _____	and arrive at work/school _____
Leave work/school _____	and arrive at facility _____
Transportation _____	

(Date) (Offender's Signature) (Witness Signature)
(Maintain in Residential Facility File)

Effective: Aug. 2006. Revised: May 2008, April 2009; Dec. 2010. Reviewed: April 2010, Jan. 2013.
Revised: Dec. 2013. Reviewed: Dec. 2014, Dec. 2015. Revised: April 2017.