

LINCOLN COUNTY JAIL

Release for Jail Programs Request Form

Inmate's Name : _____ Request Date: _____
Incarceration Date _____ Date Sentenced _____ Release Date _____
Sentencing Judge _____ Case Numbers _____
Probation Agent (if on probation) _____ Huber Granted? _____

Programs Requested

Only court ordered programs or programs that you have been involved in prior to being in jail will be considered unless there special circumstances that can be confirmed and reviewed.

AODA Counseling _____ Other (Specify) _____ Other (Specify) _____

Have you been ordered by the court to attend this program? _____
(Note: Court ordered attendance does not automatically mean it has to be done while in jail !!)

What is the location where the program meets? _____

Who is the Coordinator / Sponsor of the program / what is their telephone number? _____

How long have you been attending this meeting (If not court ordered)? _____

Have you ever been denied permission to attend a program while in jail? YES NO (Circle One)

Why? _____

Have you ever had the privilege of attending a program taken away while in jail. YES NO (Circle One)

Why? _____

INMATE'S SIGNATURE _____ Date: _____

* * * Fraudulent or incomplete answers to these questions may cause your request to be denied!!

Jail Staff Use Only

Base Line Drug Test / Tested **NEGATIVE** on Date: _____ By Officer / Badge #: _____

Approved: { } YES { } NO By Corrections Supervisor/Badge #: _____ Date: _____

Revised 2009

If Denied, Reason For Denial : _____