

STATE OF IOWA
DEPARTMENT OF CORRECTIONS

WORK RELEASE/OWI RELEASE PLAN

Lary A. Nelson/Gerald R. Hinzman Center
(Facility)

1001 29th Avenue SW/1051 29th Avenue SW, Cedar Rapids, IA 52404
(Address)

319-398-3600/319-398-3668
(Telephone)

THE ATTACHED PAGES CONSTITUTE THE WORK RELEASE/OWI RELEASE PLAN
AGREED UPON BY THE FOLLOWING PERSONS:

OFFENDER	ICON NUMBER	DATE
RESIDENTIAL PPO		DATE
SUPERVISOR		DATE

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 it's right to terminate, suspend or limit/restrict program activity.

Original: Facility File
Copies: Offender

REVISED 2/1/01

FORM 2503F-17

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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
31. No Contact W/ Others on Supervision
32. Visitors

The above rule violations may be considered as major rule violations resulting in the loss of earned time. Most infractions will result in the forfeiture of two (2) to sixteen (16) days of earned time depending upon the number of previous disciplinary reports and the seriousness of the rule violation. 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

The following disciplinary measures may be imposed by staff or the disciplinary hearing committee 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 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)

(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 will 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 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.

All offenders who have not made a payment on their account in the past 120 days will be referred to the State of Iowa Offset Program for collection from any future state payments such as tax refunds, lottery payments, vendor payments, etc.

(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)