

# SUPPORT ENFORCEMENT PACKET



## Packet includes:

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# Office of the Sheriff



**Chesterfield County, Virginia**

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## PROSPECTIVE PARTICIPANT MEMO

**TO:** Prospective Participant

**FROM:** Alternative Sentencing Coordinator

**DATE:** \_\_\_\_\_

**REFERENCE:** Support Enforcement Work Release Program

Please fill out the attached application and return it to the coordinator. A check will be conducted on you to ensure your eligibility under the guidelines established by the Sheriff of Chesterfield County and established in Virginia Code Sections 53.1-131 and 19.2-354.

The Prospective Participant's Responsibilities are:

1. Full-time employment (assistance in finding employment is available as a courtesy to those only incarcerated for failing to pay child support). Must have ability to pay program fees.
2. Pay any fines, costs, and restitution owed (Virginia Code 19.2-354) if incarcerated on criminal charges in addition to being incarcerated for failing to pay child support. Provide a receipt to program staff as proof of payment. If you are on a court ordered payment plan, you must provide a copy of the ordered plan.
3. Provide a copy of your child support order.
4. Provide a W-4 or current pay stub as proof of employment.
5. If self-employed, provide a copy of your business license and copies of any pending contracts.
6. Comply with other requests made by the Chesterfield County Sheriff's Office.

Any sentence length given in years does not qualify for work release.

Individuals with pending court cases will not be allowed to participate.

All eligibility requirements must be met before being allowed work release participation.

All considerations are done on a case-by-case basis.



# Office of the Sheriff



Chesterfield County, Virginia

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## SUPPORT PAYMENTS MEMO

TO: Work Release Applicant  
FROM: Alternative Sentencing Coordinator  
DATE: \_\_\_\_\_  
RE: Support Payments

What is the amount of your weekly arrearage payment?      ▶▶▶▶      \$ \_\_\_\_\_

What is the amount of your weekly support payment?      ▶▶▶▶      \$ \_\_\_\_\_

To whom are the payments made?      Name and Address  
\_\_\_\_\_  
\_\_\_\_\_

Inmate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# Office of the Sheriff



**Chesterfield County, Virginia**

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CHESTERFIELD COUNTY SHERIFF'S OFFICE  
**ILLEGAL DRUGS / PENDING CHARGES**

To: Work Release Applicant  
From: Alternative Sentencing Coordinator  
Date: \_\_\_\_\_  
Re: Illegal Drugs/Pending Charges

Have you used any illegal drugs within the last thirty (30) days? Yes  No  (check one)

If you answered yes, approximate date: \_\_\_\_\_

Do you have any pending court cases? Yes  No  (check one)

If you answered yes, please provide charge(s), locality and court date(s):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Inmate's Signature

\_\_\_\_\_  
Date

CHESTERFIELD COUNTY SHERIFF'S OFFICE  
**APPLICATION FOR PARTICIPATION**  
**INMATE WORK/EDUCATION RELEASE AND HOME INCARCERATION**

IN ORDER THAT YOUR APPLICATION MAY BE PROPERLY EVALUATED, IT IS ESSENTIAL THAT ALL OF THE FOLLOWING QUESTIONS BE ANSWERED CAREFULLY AND COMPLETELY.

INMATE NAME: \_\_\_\_\_  
Last First Middle

DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
Street Name & Number County/City State Zip

HOW LONG AT PRESENT ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_  
Street Name & Number County/City State Zip

**EDUCATION**

HIGH SCHOOL GRADUATE?  YES  NO LAST GRADE COMPLETED: \_\_\_\_\_

COLLEGE GRADUATE?  YES  NO YEARS COMPLETED: \_\_\_\_\_

SPECIALIZED TRAINING: \_\_\_\_\_

CERTIFICATE OR DEGREE OF COMPLETION:  YES  NO

IF YES, GIVE NAME OF SCHOOL AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

LIST ANY OTHER SKILLS OR HOBBIES: \_\_\_\_\_

**FAMILY INFORMATION**

STATUS:  MARRIED  SINGLE  SEPARATED  DIVORCED

SPOUSE'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
Last First Middle

**IF DIFFERENT FROM YOURS:**

SPOUSE'S ADDRESS: \_\_\_\_\_  
Street Name & Number County/City State Zip

NUMBER OF CHILDREN: MALES \_\_\_\_\_ FEMALES \_\_\_\_\_

DO THEY LIVE WITH YOU?  YES  NO

YOUR FATHER'S NAME: \_\_\_\_\_ YOUR MOTHER'S NAME: \_\_\_\_\_

YOUR FATHER'S ADDRESS: \_\_\_\_\_  
Street Name & Number County/City State Zip

YOUR FATHER'S HOME PHONE NO.: \_\_\_\_\_

YOUR MOTHER'S ADDRESS: \_\_\_\_\_  
Street Name & Number County/City State Zip

YOUR MOTHER'S HOME PHONE NO.: \_\_\_\_\_  
(If different from father's)

## EMPLOYMENT

EMPLOYER AND ADDRESS: \_\_\_\_\_  
(Name of Company/Organization)

Address

Phone Number:

SUPERVISOR'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

TYPE OF WORK: \_\_\_\_\_ HOW LONG EMPLOYED? \_\_\_\_\_

HRS WORKED PER WEEK: \_\_\_\_\_ SALARY HOURLY: \_\_\_\_\_ WEEKLY: \_\_\_\_\_ BI-WEEKLY: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

## FOR OFFICE USE ONLY

EMPLOYMENT VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PERSON CONTACTED: \_\_\_\_\_ TITLE: \_\_\_\_\_

WORK SCHEDULE : SU: MO: TU: WE: TH: FR: SA: Varied? (circle) Yes or No

WAS INMATE RECOMMENDED BY COURT?  YES  NO COURT ORDERED?  YES  NO JAIL STAFF?  YES  NO

DATE OF QUALIFICATION: \_\_\_\_\_ START DATE OF PARTICIPATION \_\_\_\_\_

IF NOT QUALIFIED FOR PROGRAM WHY? \_\_\_\_\_

STAFF'S SIGNATURE

DATE

## TRANSPORTATION

DO YOU HAVE A VALID VIRGINIA OPERATOR'S LICENSE?  YES  NO

WILL YOU USE YOUR OWN AUTOMOBILE FOR TRANSPORTATION TO/FROM WORK?  YES  NO

IF YES, ANSWER THE FOLLOWING:

MAKE

MODEL

YEAR

COLOR

LICENSE PLATE NO.

STATE

### IF RIDING WITH SOMEONE ELSE, DRIVER'S INFORMATION:

NAME: \_\_\_\_\_  
Last First Middle

PRESENT ADDRESS: \_\_\_\_\_  
Street Name & Number County/City State Zip

### IF VEHICLE IS NOT YOURS:

MAKE

MODEL

YEAR

COLOR

LICENSE PLATE NO.

STATE

Phone No. \_\_\_\_\_

Work Phone No. \_\_\_\_\_

## EMERGENCY CONTACT

### LIST EMERGENCY CONTACT PERSON

NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
Street Name & Number County/City State Zip

### ALTERNATE CONTACT PERSON:

NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
Street Name & Number County/City State Zip

PHYSICAL DISABILITIES/ILLNESS:  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED TO THE PREVIOUS QUESTIONS IS TRUE AND CORRECT, AND THAT NO ATTEMPT HAS BEEN MADE TO CONCEAL PERTINENT INFORMATION. I UNDERSTAND THAT IF THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS FOUND TO BE FALSE OR MISLEADING, I WILL BE INELIGIBLE FOR ANY FURTHER PARTICIPATION IN THE PROGRAMS OFFERED BY CHESTERFIELD COUNTY JAIL.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

## FOR OFFICE USE ONLY

STAFF COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Office of the Sheriff



## Chesterfield County, Virginia

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### CHESTERFIELD COUNTY SHERIFF'S OFFICE WORK RELEASE EMPLOYER NOTIFICATION

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the Employer:

By the below signature I acknowledge that the participant is a full time employee under my direction. This form can be used to verify employment or by other state and federal agencies for tax verification or any other purpose. The work release employee is released from jail to report to work only. He/she is not allowed to go anywhere else during the day unless it is part of his/her job. The employee is not to leave the job for any reason except sickness, termination, resignation, etc. It is up to the employer to notify the jail if this happens.

Any overtime must be cleared by the employer with the jail ahead of time. Any changes to the employee's schedule must be received no later than Thursday at 12 noon.

If the inmate does not show up for work or shows up late, it is the responsibility of the employer to notify the jail. The inmate will be released from the jail in time to get to work on time so he/she should not be reporting to work late unless there is an emergency. The court may be notified if the employer is found to have given false information concerning the employee.

All work release inmates must be able to give their EXACT work location for each day they are to work. Those unable to do so will not be released until the exact location is known. They will not be permitted to use the location of the office or shop if that is not where they will be. **THERE WILL BE NO EXCEPTIONS TO THIS RULE.**

Sincerely,

\_\_\_\_\_  
Work Release Coordinator  
Chesterfield County Jail  
(804) 751-4462 or (804) 717-  
6919

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Date Mailed to Employer

\_\_\_\_\_  
Print or Type Inmate's Name

cc: Inmate's File

CHESTERFIELD COUNTY SHERIFF'S OFFICE  
**RULES AND REGULATIONS FOR WORK/EDUCATION RELEASE**

1. Work/Education Release candidates will have employment or school verified by the alternative sentencing coordinator with the employer or school official prior to release to work or school. Providing false or misleading information on the application may result in disciplinary action and/or removal from the program.
2. You are to keep the peace and be of good behavior, obeying all the laws of the Commonwealth of Virginia. Violation of any law, including traffic violations, will result in your removal from the program. Participants must report any contact with law enforcement or the court to the alternative sentencing coordinator, even if not charged/ticketed.
3. The work release counselor will coordinate all schedules with the employer. Any schedule changes or overtime must be requested by the employer and be approved by the alternative sentencing coordinator.
4. Participants will be required to provide paycheck stubs or other documentation to verify continued employment upon request by the alternative sentencing coordinator.
5. Participants are to go directly to work taking the most direct route and call in their work location immediately upon arrival. If you have to leave that work location (changing work locations, picking up supplies for the job, lunch break), you are to call the job line with the address you are going to. Once you reach that address, you are to call in again stating you have arrived. This process will continue with each location change. Failing to call in your location may result in disciplinary action.
6. A lunch will be provided upon request by the kitchen. This request must be made the night before you are released for work. If permitted by the employer to leave the work location for a lunch break, participants will stay within two miles of the work site and may NOT use that time for personal visitation with family or friends.
7. Anyone found somewhere other than work without proper authorization from the alternative sentencing coordinator, jail administrator or the shift sergeant may be charged with escape or subject to administrative disciplinary action.
8. Those returning late without proper authorization are subject to administrative disciplinary action if under an hour. Participants are subject to being charged with escape if an hour or more has passed.
9. Participants are to return to the jail immediately after leaving the job. The alternative sentencing coordinator must be notified immediately of any changes in job status. This includes resignation, layoff, or termination. Participants may NOT change employment without prior authorization from the alternative sentencing coordinator.
10. Participants are to accept ONLY emergency medical treatment while at work unless authorized by the jail nurse and the alternative sentencing coordinator. The jail medical department must approve all medications, including prescriptions from your family physician.
11. There will be no possession or use of alcohol or drugs. All participants are subject to random drug and alcohol testing. The nurse must approve mouthwash or medicines containing alcohol before using. Failing to provide a sample for a random test will result in immediate removal from the program.
12. Participants are to have NO weapons or firearms in their possession at any time.
13. Hitchhiking is prohibited by participants on the program.
14. All work release must pay a supervision fee (room and board) of \$10.00 per day. This fee is collected each Tuesday morning at 7:00 a.m. Make sure the proper amount of money is left in your account.
15. All work release must pay for the support of any legal dependants and other financial obligations as ordered by the court and/or the Department of Social Services. Participants who default on an installment payment plan set up by the courts or Social Services are subject to removal from the program. In addition to institutional charges, participants may be subject to a Show Cause Order and to the provisions of 19.2-358, 19.2-349, and 46.2-396 Code of Virginia.

16. A complete search of your person and property will be conducted upon your return from work.
17. Participants may NOT bring any food or drinks, books, magazines, cigarettes, hygiene items, jewelry, etc. into the jail without authorization from the alternative sentencing coordinator, sergeant, or jail administrator. The only items allowed into the jail are the following: keys, cellular phones (must be turned off before entering the building), wallets, identification, approved medications, and \$20.00 cash (maximum).
18. Participants will be assigned a locker to store three sets of work clothes. Each Thursday, you will have one additional hour to wash laundry at a location approved by the alternative sentencing coordinator.
19. Participants may request additional time (in writing) for haircuts but MUST wait for approval from the alternative sentencing coordinator prior to going. You will be required to provide a receipt.
20. Participants may be required to wear a monitoring device similar to that of a home incarceration participant. Reasons for this placement may be, but are not limited to, current charge, criminal history, or nature of current job that requires closer monitoring. Those wearing the monitoring device will be required to follow the home incarceration rules as well as the work release and inmate handbook rules.
21. Work Release inmates who violate program rules and regulations will be institutionally charged and held in pending a disciplinary hearing. If found guilty and removed from the program, you may follow the appeal process outlined on the violation report. You will remain on a hold-in status until the process is finalized.
- 22. Financial responsibility for injuries that occur on the job is the responsibility of the employer or the participant. Should the participant decide to operate as an independent contractor it is the participant's responsibility to report and file all paperwork associated with the designation.**

All participants are responsible for obeying these rules as well as the rules in the inmate handbook. You are subject to disciplinary action and removal from the program if any of the rules are violated. You may also be subject to criminal charges, depending on the infraction.

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Participant's Signature

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Date

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Alternative Sentencing Coordinator

CHESTERFIELD COUNTY SHERIFF'S OFFICE  
**WORK RELEASE PROGRAM RULES AND REGULATIONS  
FOR ELECTRONIC MONITORING DEVICE**

1. The participant agrees to charge the electronic monitoring device twice a day, every 12 hours, for 45 minutes and WILL NOT charge the device while sleeping or driving.
2. The participant may NOT tamper with or remove the monitoring device once installed, until released from the program. A sock can be worn over and/or under the device but DO NOT force a boot over it. The participant may NOT submerge the device in water (baths, pools, hot tubs) but may shower with it on. The participant will be required to pay for any damages to the electronic monitoring device occurring while it is in their possession or for failure to return the device at the completion of the program. Criminal charges may be obtained for intentional damage to the device.
3. The participant will NOT press the "status call button" unless instructed by the Alternative Sentencing Coordinator.
4. The participant must call the Coordinator immediately if:
  - a. The device vibrates or beeps
  - b. The light shines or blinks when off the charger
5. The participant will follow all instructions from the Alternative Sentencing Coordinator and other Sheriff's Office personnel.
6. Any person, including family members, who hinder the duties of any Sheriff's Office staff, will be dealt with as prescribed by the laws of the Commonwealth of Virginia.

I hereby certify that I have read, or have had read to me, the above rules. I understand them and do hereby agree to abide by these conditions IN ADDITION to the Rules and Regulations for Work/Education Release.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alternative Sentencing Coordinator's Signature

\_\_\_\_\_  
Date

c:\forms\rules and regs GPS.doc



# Office of the Sheriff



**Chesterfield County, Virginia**

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## **ALTERNATIVE SENTENCING WORK LOCATIONS MEMO**

To: Work Release Applicant/Employer

From: Alternative Sentencing Coordinator

Date: \_\_\_\_\_

Re: Work Locations

You are only allowed to work in the following localities while participating in the Work Release Program: Chesterfield, City of Richmond, Henrico, Hanover, Powhatan, Amelia, Colonial Heights, Petersburg, Hopewell, Dinwiddie, Prince George, New Kent, Goochland, and Charles City.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

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**P.O. Box 7, Chesterfield, Virginia 23832 • Phone: (804) 748-1261 • Fax: (804) 748-5808**



# OFFICE OF THE SHERIFF

Chesterfield County, Virginia

Karl S. Leonard, Sheriff



To: All Work Release Participants

From: Work Release Coordinator

Date: \_\_\_\_\_

Re: Job Locations

All work release participants are to call the job line as soon as you reach your place of employment. If your job location changes, or if you are going to lunch, you are required to call when leaving; giving the address you are headed to. You are to call when you get to that location. You must call again when you leave to return to your place of employment using the instructions below:

- **Speak slowly and clearly;**
- **State your name;**
- **Give your inmate number;**
- **Give exact address (this is to include street number or lot number, street name, apartment number, building number, suite number, etc.);**
- **Give company name if job site is at a business or indicate if job is a residence;**
- **Give a phone number you can be reached at; and**
- **Give the name of city/county you are working in (the only localities allowed are: Chesterfield, Henrico, City of Richmond, Hanover, Powhatan, Amelia, Colonial Heights, Petersburg, Prince George, Hopewell, Dinwiddie, New Kent, Goochland and Charles City)**

This format is to comply with the Department of Corrections Standards and applies to those that work at the same job site each day.

Failure to call in as described above could result in removal from the Work Release Program.

The Job Locations' phone number is **318-8011**.

c:\forms\job location call in procedure.doc





# Office of the Sheriff



## Chesterfield County, Virginia

### CHESTERFIELD COUNTY SHERIFF'S OFFICE EMPLOYER CONTRACT VERIFICATION FORM-WORK RELEASE

Participant's Name: \_\_\_\_\_  
(Please return completed form)

As the employer of the above referenced work release inmate, please provide the following information regarding federal contract(s) (check the one applicable to your business):

- I do have federal contract(s)
- I do not have federal contract(s)

If you do have a federal contract(s), you must meet the following conditions to continue employing the work release inmate:

- ◆ Representatives of local union central bodies or similar labor union organizations shall have been consulted;
- ◆ Employment shall not result in the displacement of employed workers, or be applied in skills, crafts or trades in which there is a surplus of available gainful labor in the locality, or impair existing contracts for services; and
- ◆ Rates of pay and other conditions of employment shall not be less than those paid or provided for work of a similar nature in the locality in which the work is being performed.

If you have a federal contract(s) you must provide proof that the conditions, as set forth in this letter, are being met. If you do not currently have a federal contract(s) but obtain one in the future, the Work Release Counselor/Alternative Sentencing Unit must be notified immediately.

Sincerely,

\_\_\_\_\_  
Alternative Sentencing Coordinator  
Chesterfield County Jail  
(804) 717-6919 or (804) 751-4462

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Employer's Name

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# Office of the Sheriff



## Chesterfield County, Virginia

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CHESTERFIELD COUNTY SHERIFF'S OFFICE

### **NOTICE OF INDEBTEDNESS WORK RELEASE PROGRAM FEES**

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Work Release Program Participant:

This is a reminder that you still owe the Chesterfield County Sheriff's Office \$\_\_\_\_\_ for your participation in the Work Release Program for \_\_\_\_ days.

If this amount is not paid by \_\_\_\_\_, I will proceed with the Commonwealth Attorney to have a Show Cause placed against you.

Thank you for your attention in this matter.

Sincerely,

\_\_\_\_\_  
Alternative Sentencing Coordinator  
Chesterfield County Sheriff's Office

c:\forms\Notice of Indebtedness-Work Release

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