

Out of County Cases

Direct Commitment Application

Dauphin County Work Release Center

Defendant Full Name: _____ Sex: Male Female

Defendant Phone: Cell: (____) _____ - _____ Home: (____) _____ - _____

Defendant Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Date of Birth: ____ / ____ / ____ **Social Security Number:** ____ - ____ - ____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Attorney Name: _____ Phone: (____) _____ - _____

Date of Sentencing: ____ / ____ / ____ **Report Date (To Be Determined):** ____ / ____ / ____

Sentencing County: _____ Sentencing Judge: _____

Docket Number/Charge/Sentence: _____

Has the Judge Ordered any special conditions for Work Release Participation? Yes No

(If Yes, please supply those conditions): _____

Employer: _____ **Job Title/Position:** _____

Supervisor Name & Job Title: _____

Supervisor Email: _____ Phone: (____) _____ - _____ Ext. _____

Employer Address: _____ City: _____ State: ____ Zip: _____

Is Employer a Family Member: Yes No (If Yes, relationship): _____ Is Defendant the OWNER: Yes No

Rate of Pay: \$ _____ Per Hour Per Week Bi-Weekly Salary & **Length of Employment:** _____

Transportation to Employment: _____

Detailed Reason Requesting Transfer to Dauphin County: _____

Were you ever in Work Release: Yes No (If Yes, When & Reason): _____

Are you current on Probation/Parole: Yes No (If Yes, County & why): _____

Below to be completed by Dauphin County Work Release Staff ONLY

Received Application on: _____ APPROVED by Warden on: _____ & Director on: _____

DENIED on: _____, Reason: _____

WRC:

PORTAL:

DQ:

DCP:

BACKGROUND:

L & I:

APO:

WARRANTS:

SECURITY DEPOSIT: \$ _____