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COUNTY OF NEVADA

PROBATION DEPARTMENT
Second Floor Courthouse
Nevada City, California 95959
(916) 265-1200

H. DOUGLAS LATIMER
Chief Probation Officer

WORK FURLOUGH PROGRAM

GENERAL OVERVIEW

The Work Furlough Program is administered by the Nevada County Probation Department and permits qualified individuals sentenced to the Nevada County Jail for more than (45) days the privilege of continuing the process of employment, education or child care. Candidates must be found eligible for housing in the Detention Center and must spend all off hours in the facility. Participants must pay an administrative fee of $10.00 per day in advance each week.

To be eligible for the Work Furlough Program an applicant must:

1. Have full time employment with no more than 10 hours per day or six days per week.
2. Be paid at least minimum wage with taxes deducted.
3. Provide Workmen's Compensation and be properly licenced and/or certified if applicable.
4. Have approved transportation and proof of insurance for vehicle to be used for said transportation.
5. Have employment that provides adequate supervision.
6. Have a job site within a resonable distance. Out of county employment must be under reciprocal agreement with county of employment.
7. Not be employed door to door, on call, out of home, or involved in a labor dispute.

To be eligible for the Education Furlough Program an applicant must:

1. Carry at least 12 units.
2. Maintain a "C" average in all classes.
3. Take required or "core courses."
4. Have approved transportation and proper insurance to be used for said transportation.
5. Attend school within a resonable distance. Out of county education must be under reciprocal agreement with county where school is located.

(see reverse side)

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To be eligible for the Child Care Furlough Program an applicant must:

1. Care for children within their immediate family in the family residence, no more than 10 hours per day or 6 days per week.
2. Have approved transportation and proper insurance for vehicle used for said transportation.
3. Have a home environment capable of monitoring.

Each applicant's eligibility and suitability for the program will be decided on his/her own merits with emphasis based on the applicant's potential contribution and/or risk to the community and the program.

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WORK FURLOUGH PROGRAM

What It Is:

The Nevada County Work Furlough Program offers a pre-sentenced or sentenced individual the opportunity to continue in his or her current employment with as little interuption as possible in that employment. To avoid prolonged employment interuption, the application process should be initiated 2-3 weeks before returning to court for sentencing. In some cases it may take longer.

What It's Not:

The Nevada County Work Furlough Program is not an employment agency. It is not available to inmates who are without employment. If an inmate has prospective employment lined up, the Work Furlough Officer must hear from that employer to determine if said employer meets the criteria of the Work Furlough Program. If and when this criteria is met, the inmate will be given a work furlough application and will be evaluated to determine if he or she is suitable for the program. As with any of the available programs, nothing is gauranteed.

If you have questions about the Work Furlough Program contact your nearest Work Furlough representative.

NEVADA COUNTY PROBATION DEPARTMENT
WORK FURLOUGH PROGRAM

Introduction and Goals:

The Work Furlough Program is administered by the Nevada County Probation Department with the authorization of the Nevada County Board of Supervisors under Section 1208 of the Penal Code. This program permits qualified individuals sentenced to the Nevada County Jail for more than ~~91~~ 30 days of confinement the privilege of continuing the process of employment, education or childcare.

The three main goals of the Work Furlough Program are as follows:

1. To reduce the financial burden to the taxpayer by requiring that the individual support his/her family while incarcerated rather than having the support be provided by the Welfare System.
2. To offset the financial burden to the taxpayer of housing and feeding the individual by requiring that he/she pay $10.00 per day while incarcerated.
3. To help ensure that the individual is employed at the time of his/her release from jail.

Administration and Supervision:

The duties of the proper administration and supervision of the Work Furlough Program has been assigned to the Nevada County Probation Department. The Work Furlough Program provides for the following personnel and organizational structure.

1 - Supervising Deputy Probation Officer
½ - Deputy Probation Officer II

The proper administration and functioning of the Work Furlough Program is the responsibility of the Supervising Probation Officer assigned to the Adult Supervision Unit. The Deputy Probation Officer II assigned to the program will designate one half of his/her time to this program.* Under the direction of the Supervising Probation Officer, the Work Furlough Officer will assume responsibility for the practical operation of the program. The responsibilities of the Officer shall include but not be limited to the following:

1. The Screening and Evaluation of Individuals Who Make Application for the Program.
2. The Orientation of Successful Applicants to the Program - The orientation shall include a full explanation of the program, rules and regulations and obtaining the participant's signature on the Inmate Agreement.
3. The Field Supervision of Inmates in the Program - This supervision shall include contact with the inmate as well as the employer. The officer will utilize the method of field and telephone contacts. Please refer to the "Supervision" section of this manual.

Administration and Supervision continued:

4. The Collection of Administrative Fees from Inmates On the Program - The Work Furlough Officer will be responsible for collecting fees in advance from inmates that are on the program, the issuing of receipts to inmates at the time of collection, and the depositing of fees collected in a timely manner.
5. The Department Liaison with the Sheriff's Department - The Work Furlough Officer will be available to the Sheriff's Department to handle any routine matters co[illegible]n both agencies regarding the Work Furlough Program.
5. Public Information - The Work Furlough Officer will make known to the appropriate Governmental agencies and the community the existence of the program, the eligibility requirements, and the process of supervision of the program.
6. The Keeping of Accurate Records, the Collection of Statistics, and the Processing of Reports in a Timely Manner - The Work Furlough Officer is responsible for the keeping of accurate records and statistical data related to the program. At the completion of each month, the Officer will submit a Monthly Summary Report to the Supervising Probation Officer which will be forwarded to the Chief Probation Officer.

Referral to the Program:

The department will consider referrals from all Nevada County Courts. It is preferred that a presentence report be completed on all applicants prior to their acceptance in the program. However, inmates making formal application where a presentence report has not been completed will be screened utilizing the Work Furlough Application and any additional materials that appear appropriate to the applicants case. An unsentenced applicant cannot be screened for the program unless he/she is referred by a court for tentative approval. Subsequently, the Work Furlough Officer will screen the defendant in accordance with the standard criteria and Screening Application and will inform the court as to the defendant's apparent suitability for the program. It will generally be necessary for the court to continue the sentencing date for a period of two weeks for the screening of an in-county case. If a defendant is employed outside of Nevada County or making application for acceptance in another jurisdiction, a longer period of time for screening may be necessary. The final decision for acceptance or rejection will be made by the Work Furlough Officer. Those applicants rejected will be notified by the Work Furlough Officer and advised of their right to appeal the decision.

Investigation:

In addition to a presentence report and the standard application form, the Work Furlough Officer may request any materials or documentation from an applicant that appears to be necessary to complete a thorough investigation for determination of eligibility for the program.

An investigation and evaluation must include but is not limited to the following processes listed in each type of inmate furlough.

1. Education Furlough - The officer will contact the school to verify the applicants enrollment, previous academic performance, number of units taken and class hours.
2. Employment Furlough - The officer will contact the employer regarding the applicants work record and working conditions. Additionally, the employer will be given the "Notice to Employer" form and the "Employment Agreement" form to sign and be returned with the candidates application.
3. Child Care Furlough - The officer will complete an investigation of the home situation pertaining to the daytime care of children of the applicant.
4. Reciprocal Agreement for Placement in Another Facility - If an applicant is employed outside of Nevada County, the officer will contact the Work Furlough Administrator of that county and determine if the candidate can be placed in their facility. If it appears such placement is feasible, the Work Furlough Officer will take all necessary steps to establish a reciprocal placement agreement with the county of residence (Section 1208.5 of the Penal Code). If the applicant is accepted for placement, the Work Furlough Officer will arrange for the inmate and the necessary documents to arrive on the designated date of acceptance.

Eligibility and Evaluation:

The Work Furlough Officer will interview and evaluate the applicant based upon the subsequent criteria. This will be done after the entire application is completed. In addition to the following criteria, the applicant will be assessed on the basis of maturity, ability to follow rules and directions, and sincerity toward fulfilling the purposes of work, education or child care furlough. Although guidelines are established to assist in determining an applicant's suitability for the program, no single guideline will necessarily exclude him/her from consideration. Each case will be decided on its merits with emphasis based on the applicants potential contribution and/or risk to the community and the program. The applicant's opportunity and propensity to commit further criminal acts must be evaluated.

The Work Furlough Officer will utilize the following general

Eligibility and Evaluation, continued:

guidelines in the determination of an applicant's eligibility for the program:

1. Work furlough employment shall be full-time, as close as possible to 40 hours per week. Overtime will be permitted under certain circumstances. No work furloughee may work more than ten hours per day or more than six days per week. (This acknowledges the participant is also a minimum security trustee with duties to perform in the facility.) Overtime should be capable of being scheduled in advance.
2. Employment must pay at least minimum wage, and federal and state taxes shall be deducted (no under-the-table work allowed).
3. Work involved in a labor dispute is not allowed. No door-to-door sales are permitted. "Street" or "auction" vending is not allowed. Working "out of the home" is not permitted.
4. Although self-employment is permitted in some circumstances, it is preferred the inmate work under supervision. The Work Furlough Officer should take care that self-employed persons are properly licensed (business and state contractor's license), insured (health and workmen's compensation for employees), and bonded. "On-call" employment situations cannot be accommodated.
5. Job site must be located within reasonable driving distance from the facility. Inmates cannot travel between Nevada and other counties without prior approval of the Work Furlough Officer. Work furlough out of county is usually to be handled through reciprocal agreements. All employees must be covered by workmen's compensation.
6. Prisoners must have approved transportation (feet, bicycle, insured vehicle travel, or public transit).

Education Furlough

Prisoners must carry at least 12 units (6 units during summer sessions). Course selection should reflect the prisoner is serious about the education and not merely using education furlough to get out of jail. It is preferred the prisoner take "core courses" or required classes traditionally categorized as "academic." Prisoners must maintain at least a passing grade (C average) in all their classes and must follow all rules and regulations of their school. Prisoners normally cannot travel to out-of-county schools; such situations are handled through reciprocal agreement. Prisoners must have approved transportation.

Child Care Furlough

Child care is defined as daytime care of one's own children. Location, transportation, and activities of the prisoner must be steady, capable of being monitored, and consistent with the goals of child rearing and the Work Furlough Program.

Eligibility and Evaluation, continued:

In the process of determining an applicant's eligibility for the program, there may be individual cases that are not eligible but may be determined to be an exception due to certain circumstances. In such cases the Work Furlough Officer after completion of the interview will evaluate the case with his/her supervisor to determine eligibility.

Right to Appeal:

If a candidate's application for the program is rejected, the Work Furlough Officer will inform the candidate of the reasons for the rejection and of the right to appeal the decision. Within the time frame of five (5) calendar days the rejected applicant may appeal in writing directly to the Chief Probation Officer. The Chief Probation Officer shall review all materials available, including the applicant's basis for appeal. The applicant shall have the right to personally appear before the Chief Probation Officer to present any material in support of the appeal. A decision will be rendered, in writing, within five (5) working days from receipt of the written appeal by the Chief Probation Officer. The decision will be mailed to the applicant's last known address. The decision of the Chief Probation Officer is final and not subject to further administrative review.

Inmates removed from the Work Furlough Program due to disciplinary reasons have the right to utilize the above described appeal process.

Payment of Program Fee:

Upon acceptance in the Work Furlough Program, the inmate will deliver a money order to the Work Furlough Officer for payment of at least the first week on the program. The Work Furlough Officer will issue a receipt, credit the payment on the control system and deposit the payment with the county in a timely manner.

Upon initial payment the Work Furlough Officer will advise the inmate when the next payment is due and that he/she is to purchase a money order in advance to cover the payment.

All program fees at the rate of ten (10) dollars per day must be paid one week in advance and is due by every Friday. An

Payment of Program Fee:

inmate may make payment for more than one week in advance if it is beneficial to his/her financial situation.

Supervision:

The Work Furlough Officer will make at least weekly contacts with all work furlough participants in custody in Nevada County. The officer will contact employers, home care situations, or schools regularly, no less than twice a month, to check on performance, attendance and other factors. Additionally, the officer will make collateral contacts with the jail personnel regarding the inmates adjustment in confinement. On occasion the Work Furlough Officer may determine that there is a need to contact the inmates spouse or family.

All contacts with inmates on the program are to be documented legibly in the individuals case folder in a timely manner.

When an inmate completes his/her period of confinement, the Work Furlough Officer will complete an "Adjustment/Transfer Summary" immediately and prepare the case to be transferred or closed. If the inmate is currently under probation supervision with this department, the Work Furlough Officer will complete the transfer summary, review the case with his/her supervisor, and start the case folder through the normal case transfer process. At the time of the case review the Supervising Probation Officer will confer on the level of supervision that will be needed on a regular supervision caseload. If the inmate is not currently under probation supervision, the Work Furlough Officer will immediately complete the necessary documentation and steps necessary to close the case. All closed cases that are not under probation supervision will be retained for five years.

Reciprocal Agreement For Placement in Another County:

It is the stated purpose of Section 1208 of the Penal Code to allow persons to continue normal employment and education under the Work/Education Furlough Program. All efforts shall be made to place persons in the county in which the job/education site is located. However, certain circumstances may arise necessitating exceptions to being housed in that location. Any deviation from the reciprocal agreement between counties shall have the approval of both county administrators prior to placement. All such exceptions shall be reviewed on a regular basis to determine if placement in the other county facility could be accomplished.

Nevada County inmates working or going to school in a neighboring county will be provided with any special instructions or documentation necessary to properly report to the neighboring county's work furlough administrator. Current identification and booking information will be provided by the work Furlough Officer to the Work Furlough Administrator in the neighboring county in the event of the above.

Acceptance Into the Program:

Upon acceptance into the program, the Work Furlough Officer will complete a thorough orientation with the inmate regarding the expectations of the program. The officer will once again review the "Inmate Agreement" to ensure that the inmate understands and has a thorough knowledge of the rules and regulations. Additionally, the officer will inform the participant of his/her expected conduct as an inmate.

The Work Furlough Officer will immediately re-contact the inmate's employer to set a date and time for an employer orientation. At the orient[illegible] will review the "Inmate Agreement" in the presence of the inmate to ensure that the employer has a thorough knowledge of the rules and regulations of the program.

Termination From the Program:

An inmate may be terminated from the program due to the following reasons:

1. Completion of Sentence - A participant will be terminated from the program when he/she has completed the prescribed sentence in a satisfactory manner.
2. Disciplinary Termination - A participant may be terminated from the program for failure to comply with the rules and regulations or involvement in new criminal charges. If an inmate is terminated from the program for disciplinary reasons, he/she will be given written notification which will include information regarding the right to appeal.
3. Modification of Sentence - A participant may be terminated from the program as a result of a modification of his/her sentence by the court. If an inmate's sentence is modified, the court will forward notification to the Work Furlough Officer and jail personnel.

NEVADA COUNTY PROBATION DEPARTMENT
WORK FURLOUGH PROGRAM

ELIGIBILITY WORKSHEET

Name: _____ Date: _____

AGE
a. 18 to 20 years. . . . . (2)____
b. 21 to 29 years. . . . . (0)____
c. 30+ years. . . . . (-1)____

DEPENDENTS
a. No dependents . . . . . (1)____
b. Dependents outside home only . . . . . (0)____
c. Dependents in home . . . . . (-1)____

TYPE OF EMPLOYMENT
a. Chronically unemployed or unknown . . . . . (10)____
b. Situationally unemployed . . . . . (6)____
c. Student . . . . . (0)____
*d. Loosely structured job . . . . . (4 or 2)____
e. Some structure . . . . . (-1)____
f. Highly structured job . . . . . (-2)____

3. TIME PRESENT JOB OR SCHOOL
a. 6 months or less . . . . . (2)____
b. 6 months to 1 year . . . . . (1)____
c. 1 year to 2 years . . . . . (-1)____
d. 2-3 years . . . . . (-2)____
e. More than 3 years . . . . . (-3)____

5. PAST PROGRAM PARTICIPATION *(7 Years)*
a. Past removal. . . . . (12)____
b. Multiple repeater (3X or more) . . . . . (6)____
c. No past participation or repeater (1X or 2X) . . . . . (0)____

6. PRIOR CRIMINAL RECORD

	3 Yrs.	3+-7 Yrs.
a. Each high risk Felony.	(6)____	(3)____
b. Each high risk Misdemeanor	(4)____	(2)____
c. Each other Fel. or VOP of any Fel.	(4)____	(2)____
d. Each other Misd. or VOP of any Misd. . .	(2)____	(1)____
e. Ea. Misd. traffic or VOP of Misd. traffic.	(1)____	(.5)____

**3d — Loosely structured job with some supervision, rates (2) unless supervised by family member.*

7. HIGH RISK CRIMES *(Instant Offense)*

7.1 Drug Offenses
a. Sale, poss. f/sale & drugs while in jail. . (15, 14, 13)____
b. Felony possession & cultivation . . . . . (13, 12, 11)____
c. Hard drug Misdemeanor . . . . . (10)____
d. Other drug Misdemeanor. . . . . (8)____

7.2 Violent Crimes
a. Manslaughter, kidnap, robbery, arson, child abuse & assault w/GBI . . . . . (15, 14, 13)____
b. Other Fel. assaults & weapon offense . . (13, 12, 11)____
c. Misdemeanor assault, battery, arson & child abuse . . . . . (10)____
d. Resisting arrest & weapon offense. . . . . (8)____

7.3 Sex Offenses
a. Forcible sex crime & felony sex child . (15, 14, 13)____
b. Other Felony sex crime . . . . . (13, 12, 11)____
c. Misdemeanor sex child . . . . . (10)____
d. Other Misdemeanor sex crime . . . . . (8)____

7.4 Escape & FTA
a. Escape Felony or Misdemeanor . . . . . (15, 14, 13)____
b. FTA Felony . . . . . (13, 12, 11)____
c. FTA Misdemeanor. . . . . (10)____
d. FTA Vehicle Code. . . . . (8)____

8. OTHER CRIMES
a. Felony property, forgery & NSF checks. . . (11, 10, 9)____
b. Other Felony or VOP of any Felony . . . . . (9, 8, 7)____
c. Misdemeanor property, forgery & NSF checks . . . . (4)____
d. Other Misdemeanor or VOP of any Misdemeanor. . . (2)____
e. Misdemeanor traffic or VOP of Misd. traffic. . . . . (1)____

9. PROGRAM SUITABILITY RATING
a. Strongly negative. . . . . (4)____
b. Negative . . . . . (2)____
c. Neutral . . . . . (0)____
d. Positive . . . . . (-2)____
e. Strongly positive . . . . . (-4)____

Reason: _____

____ 10.
a. Incomplete, inaccurate or falsified application . . . . . (19)
b. The location of the applicant's place of work/study prohibits adequate supervision . . . . . (19)
c. The applicant is felt to pose a threat to the well-being and safety of the community, and individual(s), and/or the Program itself . . . . . (19)
d. The applicant is judged to be an adjustment, security, or escape risk . . . . . (19)
e. The applicant has pending serious case(s) . . . . . (19)
f. The applicant committed other crime(s) or violation(s) while pending Work Furlough . . . . . (19
g. Not applicable . . . . . .

Program Eligibility Score (PES) ☐ _____ (19 or more) ☐ _____ (18.5 or less)

EVALUATION:

RECOMMENDATION:

The applicant has been evaluated as _____ acceptable _____ unacceptable for the Work Furlough Program.

Date: _____ _____
Work Furlough Officer

Date: _____ _____
Supervising Probation Officer

The accompanying instrument presents the Ventura County, California, Work Furlough Program Eligibility Criteria being adopted October 1, 1980, which supersedes the past narrative form criteria (also included for the purpose of comparison).

The present Eligibility Criteria was developed by Program staff in an effort to objectify and further legitimize the former criteria through a scoring instrument, which numerically assesses not only risk, but all other items traditionally considered important in the screening of local Program applicants. The Eligibility criteria therefore is not purely a risk-assessing instrument in the strictest sense; but, rather it is an administrative tool for use in making Work Furlough Program eligibility screening decisions. The adoption and use of this instrument not only should result in generally more clear, consistent, and objective screening decisions, but, secondarily, may become an eventual source for the making of other types of Program decisions and also the collection of Program data.

Examination of the past and present Eligibility Criteria will show that they very closely resemble each other, in that the same types of crimes are considered most serious or risk involving and that certain other aspects also are included in both such as the emphasis placed upon employment and dependents. The similarity is intended, as over the years, the Ventura County Work Furlough Program has experienced considerable success with these standards. The present numerically-scored Eligibility Criteria was developed to duplicate as faithfully as possible the past narrative form criteria. All areas of the former criteria have been incorporated conscientiously into the present scoring instrument. Other items included in the present instrument are verifiable information given by the Program's application materials (also attached) and the final two items (Items 8 and 9), which are identified and decided by the Program itself.

The development and logic contained in the present Eligibility criteria can best be seen by analyzing the instrument item-by-item. The analysis is most meaningful when ordered in the following manner:

8. Other Crimes:

a.	Fel.Pop.,forg.&NSF chks.	(11,10,9)	_____
b.	Other Fel. or VOP of any Fel.	(9,8,7)	_____
c.	Misd.prop.forg.&NSF chks	(4)	_____
d.	Other Misd. or VOP of any Misd	(2)	_____
e.	Misd.traff.or VOP of Misd.traff	(1)	_____

Item 8, "Other Crimes," represents data of a legal nature (Items 6 and 7 also concern legal data). In this particular item, there is a logical progression with an equal and sufficiently-broad differential, two points, between each progressively more serious instant offense other crime. Violations of probation are included necessarily in order that the instrument has the capability of scoring all possible types of criminal matters. The lined division between levels 6. b and 6. c, separates those

convictions which are felonies from those which are misdemeanors. The mid scores in the felony levels, 6. a and 6. b, are base scores with the higher and lower scores on either side of these base scores to be applied when aggravation or mitigation exists. Misdemeanor crimes, which by definition are less serious or already mitigated crimes, are not subject to this determination.

7. High Risk Crimes:

7.1 Drug Offenses

a.	Sale, poss. f/sale & drugs while in jail	(15,14,13)	_____
b.	Fel. poss. & cult.	(13,12,11)	_____
c.	Hard drug Misd.	(10)	_____
d.	Other drug Misd.	(8)	_____

7.2 Violent Crimes:

a.	Msltr., kdnp., rob., arson, child abs. & asslt w/GBI	(15,14,13)	_____
b.	Other Fel. asslt. & weapon offense	(13,12,11)	_____
c.	Misd. asslt., batt., arson & child abuse	(10)	_____
d.	Resist. arrest & weapon offense	(8)	_____

7.3 Sex Offenses

a.	Forcible sex crime & Fel. sex child	(15,14,13)	_____
b.	Other Fel. sex crime	(13,12,11)	_____
c.	Misd. sex child	(10)	_____
d.	Other Misd. sex crime	(8)	_____

7.4 Escape & FTA:

a.	Escape Fel. or Misd.	(15,14,13)	_____
b.	FTA Fel.	(13,12,11)	_____
c.	FTA Misd.	(10)	_____
d.	FTA Vehicle Code	(8)	_____

Referring to legal item 7, instant offense "High Risk Crimes," observe that the higher level c, of the two misd. high risk crime levels, level c and d are weighted equally to Fel. prop., forg. & NSF checks (Other Crimes 8. a), i.e., 10 points. This equal assignment of points was derived from both experience and logic. For example, a felony burglary or auto theft conviction certainly is more serious (although not necessarily more predictive of risk in a statistical or recidivistic sense) than possession of marijuana, resisting arrest, or indecent exposure, the latter crimes all being scored 8 points. However, these felony property crimes (8. a) must not be scored higher than the higher, level c, of the two MIsd. high risk crime levels, i.e., 10 points, because if these crimes were scored higher,

then Fel. prop., forg. & NSF checks would have to be considered in the felony high risk crime scoring range and, thus, fel. high risk crimes themselves. The staff experience and logic utilized in the development of this instrument dictate that the higher of the two Misd. high risk crime levels and Fel. prop., forg. & NSF checks be scored equally. It follows, then, that the lower, level d, for the two Misd. high risk crime levels also is weighted appropriately at 8 points equal to Other Fel. or VOP of any Fel. (Other Crimes 8. b).

As one can see, it is an integral aspect of this scoring instrument that certain misdemeanor crimes are recognized as being high risk in nature, while at the same time the instrument adheres to the accepted Penal Code distinction that felonies, by definition, are serious crimes. Accordingly, the instrument's utilization simultaneously of both risk and Penal Code distinction results in items 7. c and 7. d being weighted equally with items 8. a and 8. b.

Examination of the program's past Eligibility Criteria shows that certain felony crimes, e.g., sales and/or possession for sale of drugs, were exclusionary in absence of a court waiver for entry into the Work Furlough Program. The retainment of this aspect of the Eligibility Criteria has been approached by weighing these types of felony high risk crimes still higher, i.e., a 12-point base score of 7. b items and a 14-point base score of 5. a items. With these being the base scores in absence of aggravation or mitigation for Fel. high risk crimes and with the maximum Program Suitability Rating (see item 9) being 4 points, absolute control (to deny) over the eligibility of applicant who have committed these crimes is approached (although by scoring only not assured; this problem is addressed by the ability of the Program to apply certain published "exclusionary reason(s)" explained in the concluding sections of this material). Thus, 7. a and 7. b offenders will have to score extremely low in all other items of the instrument (and, not have exclusionary reason(s) applied) in order to be approved for Program participation.

Observe also that all instant offense felony crimes and the crime of Escape whether felony or misdemeanor can be aggravated or mitigated to higher or lower point scores in recognition of determinant sentencing aspects of the law and also, the necessity for the instrument to include the possibility for applicants convicted of felony crimes, especially when mitigated, to be approved for Program participation.

6. Prior Criminal Record (3 yrs., 3+ to 7 yrs):

a.	Ea. high risk Fel.	(6,3)	_____	_____
b.	Ea. high risk Misd.	(4,2)	_____	_____
c.	Ea. other Fel. or VOP of any Fel.	(4,2)	_____	_____
d.	Ea. other Misd. or VOP of any Misd.	(2,1)	_____	_____
e.	Ea. Misd. traff. or VOP of any Misd. traffic	(1,3)	_____	_____

The assignment of point scores for the levels contained in the "Prior Criminal Record" item was largely a result of experimentation and a

systematic approach. As with the instrument as a whole, this item has been tested and proved to function effectively.

To demonstrate, the "average" applicant will score five or six total points in items 1, 2 3 and 4 (see these items). If, for example, this applicant is a drunk driver (one point in item 8, Other Crimes), with a moderate to recently-heavy prior criminal record for three past misdemeanor traffic convictions, two violations of these where there was a high risk crime, then this hypothetical applicant already may have accumulated a total of eighteen to nineteen points, depending upon the contemporaneousness of these prior offenses. Past Program Participation (item 8) and Program Suitability Rating (item 9) then would determine this relatively "average" to "borderline" applicant's eligibility. Furthermore, one can see that the more serious an applicant's instant offense, the less adverse scores in all other items, including Prior Criminal Record the applicant must obtain in order to be approved for Program participation. An applicant convicted of an instant offense felony high risk crime would have to receive extremely low scores, including having a very minimal or possibly "clean" Prior Criminal Record in order to be approved.

Observe the following, systematic development of the Prior Criminal Record item:

Instant Offenses	Prior Criminal Record (3 yrs., 3+ to 7 yrs.)			
		Halved		Halved
7. b	(12)/	6. a	/ /	(6,3) /)
7. d	(8)/	6. b	/ /	(4,2) /
8. b	(8)/	6. c	/ /	(4,2) /
8. d	(2)/	6. d	/ /	(2,1) /
i. e	(1)/	6. e	/ /	(1,.5) /

Notice the "halving" aspect of the development of the Prior Criminal Record item between certain types of instant offense crimes and prior offenses of the same type, and within the Prior Criminal Record item itself according to time elapsed. Although it has not been demonstrated statistically and possibly cannot be that a prior offense occurring as an instant offense, the above approach to the Prior Criminal Record item does involve considerable analytical development and has been shown to produce screening results consistent with those being made without use of the instrument.

1. Age

   a. 18 to 20 yrs. (2)_____
   b. 21 to 29 yrs. (0)_____
   c. 30 + yrs. (-1)_____

2. Dependents

a.	No dependents	(1)_____
b.	Deps outside home only	(0)_____
c.	Dependents in home	(-1)_____

These are personal data items which over the years have been observed to bear a relationship to an individual's apparent ability to succeed in the Work Furlough Program. However, these items are not weighted heavily.

3. Type of Employment

a.	Chronically unempl. or unk.	(10)_____
b.	Situationally unemp.	(6)_____
c.	Student	(0)_____
d.	Loosely structured job	(4 or 2)_____
e.	Some structure	(-1)_____
f.	Highly structured job	(-2)_____

4. Time Present Job or School

a.	Under 6 mos. unemp. or unk.	(2)_____
b.	6 mos. to 1 year	(1)_____
c.	1 year to 2 years	(-1)_____
d.	2 - 3 years	(-2)_____
e.	More than 3 years	(-3)_____

These are employment data items. Item 3 is weighted heavier because of the emphasis by the local Program placed upon being employed and accountability or superviseability of that employment. Individuals in the Work Furlough Program who have less-structured work or school environments have more chance to violate Program rules and regulations while in the community. A related argument can be applied with shorter periods of time presently employed or attending school.

5. Past Program Participation (7 years)

a.	Past removal	(12)_____
b.	Multiple repeater (3X or more)	(6)_____
c.	No past participation or repeater (1X or 2X)	(0)_____

9. Program Suitability Rating

a.	Strongly negative	(4)_____
b.	Negative	(2)_____
c.	Neutral	(0)_____
d.	Positive	(-2)_____
e.	Strongly positive	(-4)_____

Re_____

These are Program data items. Item 8 is intended to penalize from a scoring standpoint the applicant who has been a "multiple repeater" of the Program and to prohibit entry into the Program of the applicant who has been removed from it for disciplinary reasons in the past.

Item 9, "Program Suitability Rating," is the overall judgement of Program probation officer (screening) staff concerning the applicant's suitability or appropriateness for Program participation. The PSR is not weighted heavily in order to preserve the basic objectivity of the instrument. This judgement and the resultant score for this item may be based upon any and all considerations concerning the applicant and his or her background. Items already scored by the instrument (item 1 through 8, inclusive) will be considered and other more subjectives items not addressed in a direct way by the instrument, such as substance abuse, violence potential, and attitude, also will be considered. The PSR (Program Suitability Rating) is final and ordinarily not subject to review.

Finally, in any instrument or classification system, such as the present Eligibility Criteria, there will be a relatively small portion of cases that do not fit or lend themselves to acceptable scoring. Some applicants who possibly should be approved for Program participation will be denied by the instrument (Program Eligibility Score of 19+ points). And, some applicants who possibly should be denied Program participation will be approved by the instrument (Program Eligibility Score of 18.5 points). This phenomenon or "subjective override" is dealt with by the present Eligibility Criteria in two separate ways so as to negate each of the types of override indicated.

The first type of override, i.e., applicants who possibly should be approved, but are denied when scored by the Eligibility Criteria, is remedied by the sentencing Court having the authority to waive the Eligibility Criteria. The Court, as its discretion, may waive the Eligibility Criteria when it appears that the defendant applicant may be or has been denied Program participation, but who in Court's judgement should have the possibility of entering the Program notwithstanding such Eligibility criteria. The Program then has the option, where in absence of the Court waiver there may have appeared to be or was none, of accepting or continuing to reject the applicant for Work Furlough Program participation.

The latter type of override, i.e., applicants who possibly should be denied, but are approved if scored by the Eligibility Criteria, is addressed by the exclusionary reasons published at the bottom of the present eligibility Criteria. The Work Furlough Program thereby is reserving the right to refuse admission to any applicant who may pose an extreme risk or problem from a Program standpoint. The application of these exclusionary reason(s) is the absolute right and authority of the Work Furlough Program administrator. It is recognized also that the sentencing Court, by law, may deny any defendant Work Furlough participation.

JH:dl/CSA1

Mo: _____ 19 _____

NAME:	PROGRAM:			STAFF:	APPLICATION GIVEN	RECEIVED	APPT. DATE	A	R
	WF	WR	HD						

NEVADA COUNTY PROBATION DEPARTMENT
WORK FURLOUGH PROGRAM

TO: Nevada County Detention Center

From: Work Furlough Officer

RE: _____

PHONE NO: _____

ADDRESS: _____

The above named subject contacted this department on _____ regarding the Work Furlough Program. The defendant has been instructed to report to your facility by _____ to determine his/her eligibility for housing in the Detention Center. The subject's current conviction is violation of section _____.

The subject has been advised that he/she must meet the eligibility requirements for housing at the Detention Center prior to making application for the Work Furlough Program. Additionally, the defendant has been informed that if it is determined that he/she is not eligible for placement in the Detention Center that the decision may be appealed through jail administration.

If the defendant is accepted for housing at the Detention Center, he/she must contact the undersigned at the Nevada County Probation Department, 265-1200 by _____ to make application for the Work Furlough Program.

SIGNATURE OF DEFENDANT _____ DATE _____

SIGNATURE OF WORK FURLOUGH OFFICER _____ DATE _____

Form WF-18

INMATE HOUSING REQUEST

INMATE NAME:_____ ORIGINAL BKG#_____ DATE:_____

CURRENT CHARGES:_____ DOB:_____ DDL:_____

INMATES REQUESTING TO BE HOUSED AT THE DETENTION CENTER AND WISHING TO BE INCLUDED IN THE TRUSTY PROGRAM OR THE WORK FURLOUGH PROGRAM WILL COMPLETE THIS FORM. FAILURE TO COMPLETE THE FORM OR FALSIFICATION OF THE INFORMATION WILL DISQUALIFY THE INMATE FROM DETENTION CENTER HOUSING. THE TRUSTY PROGRAM REQUIRES EIGHT HOURS OF WORK AT VARIOUS ASSIGNED LABOR PROGRAMS. INMATES HOUSED AT THE DETENTION CENTER MUST MEET HAIRCUT AND MUSTACHE STANDARDS. BEARDS ARE NOT ALLOWED.

FINAL HOUSING ASSIGNMENTS ARE APPROVED BY THE INMATE CLASSIFICATION OFFICER.

ARE YOU SENTENCED? YES____ NO____ LENGTH OF SENTENCE:_____

DO YOU HAVE ANY OTHER CRIMINAL ACTIONS PENDING IN THIS COURT OR ANY OTHER COURT?
YES____ NO____

1) HAVE YOU EVER BEEN CONVICTED IN ANY STATE OF THE FOLLOWING CRIMES?
   - A. ASSAULT WITH BODILY HARM: YES____ NO____
   - B. HOMICIDE: (MANSLAUGHTER OR MURDER) YES____ NO____
   - C. ARSON: YES____ NO____
   - D. SEX CRIMES WITH A MINOR CHILD UNDER THE AGE OF 18: YES____ NO____
   - E. SALE OF NARCOTICS: YES____ NO____
   - F. POSSESSION OF NARCOTICS OR MARIJUANA WHILE IN JAIL: YES____ NO____
   - G. ORAL COPULATION: YES____ NO____
   - H. SODOMY: YES____ NO____
   - I. KIDNAPPING: YES____ NO____
   - J. RAPE: YES____ NO____
2) ARE YOU CAPABLE AND WILLING TO PERFORM PHYSICAL LABOR? YES____ NO____
3) ARE YOU WILLING TO CUT YOUR HAIR AND/OR SHAVE OFF YOUR BEARD TO MEET DETENTION CENTER STANDARDS? YES____ NO____
4) HAVE YOU HAD ANY NEVADA COUNTY JAIL DISCIPLINARY ACTIONS? YES____ NO____
5) HAVE YOU, WHILE IN A JAIL FACILITY, BEEN CHARGED WITH ESCAPE OR ATTEMPTED ESCAPE?
   YES____ NO____
6) COMMENTS BY INMATE:_____

_____

_____

UNDER PENALTY OF PERJURY, I SWEAR THAT THE ABOVE INFORMATION IS TRUE.

SIGNED:_____ DATE:_____

AN INMATE HAS THE RIGHT TO APPEAL OR GRIEVE HIS ASSIGNED HOUSING. ALL APPEALS ARE TO BE SENT TO THE JAIL COMMANDER.

CLEARED THROUGH LOCAL COURTS? YES____ NO____ OFFICER:_____

APPROVED FOR DETENTION CENTER HOUSING? YES____ NO____ OFFICER:_____

Revised 8/86

NEVADA COUNTY PROBATION DEPARTMENT
WORK FURLOUGH PROGRAM

Application and Screening Interview

Name: _____

The Work Furlough Program is administered by the Nevada County Probation Department with the authorization of the Nevada County Board of Supervisors under Section 1208 of the Penal Code. This program permits qualified individuals sentenced to the Nevada County Jail for more than 45 days of confinement the privilege of continuing the process of employment, education or child care.

The county charges an administrative fee of ten (10) dollars per day to participate in the program. The fee must be paid each week in advance.

Attached you will find agreements and forms requesting personal information. It is necessary that all agreements are signed and that all information requested is complete prior to a screening interview with the Work Furlough Officer. The necessary items are as follows:

1. Work/Education Furlough Application.
2. Financial Statement.
3. Inmate Agreement.
4. Notice to Employer.
5. Employment Agreement.
6. License number of vehicle to be used on the program.
7. Written proof of automobile insurance coverage.
8. Driver's license number of the person who will drive you to the work/education site.
9. Proof of his/her automobile insurance and vehicle license plate number.
10. Proof of medical insurance, Workmen's Compensation insurance for employees, and local and state required licenses.
11. A letter from you in your own writing stating why you desire work/education/child care furlough including a route and approximate travel time to and from your work/education/child care site from the Nevada County Jail.
12. A copy of the presentence report completed by the Probation Department.
13. Your screening interview with the Work Furlough Officer is set for _____ at _____.

NEVADA COUNTY PROBATION DEPARTMENT

WORK/EDUCATION FURLOUGH
Application

B[illegible] #

SS. #

NAME	ADDRESS	ZIP	TELEPHONE
AGE / SEX / DOB	HEIGHT / WEIGHT / EYES	PLACE OF BIRTH	MARITAL STATUS
COURT AND JUDGE	CHARGE	SENTENCE	EDUCATION
DATE OF SENTENCE	DATE SENTENCE STARTED	RELEASE DATE	
NAME OF WIFE, HUSBAND OR COMMON-LAW	ADDRESS		TELEPHONE
NAME OF FORMER WIFE OR HUSBAND	ADDRESS		TELEPHONE
NAME OF RELATIVE (RELATIONSHIP)	ADDRESS		TELEPHONE
NAME OF CHILDREN AND AGES	ADDRESS IF OTHER THAN SPOUSE'S	TELEPHONE	NO. OF DEPENDENTS
NAME OF EMPLOYER, BUSINESS OR FIRM	ADDRESS		TELEPHONE
NAME OF SUPERVISOR	ADDRESS (PLACE OF EMPLOYMENT)		TELEPHONE
TYPE OF EMPLOYMENT	WORKING HOURS AND DAYS	PAY RATE, PAY DATE, PAY PERIOD	
[illegible]NS OF TRANSPORTATION: MAKE	MODEL	COLOR	LICENSE NUMBER
VEHICLE: YEAR			
DRIVER	IF DRIVER OTHER THAN INMATE, DRIVERS ADDRESS AND TELEPHONE		
INMATE DRIVERS LICENSE # / CURRENT TAGS	INSURANCE COMPANY	COPY ON FILE	
CONTACT EMPLOYER FOR WORKMEN'S COMPENSATION INSURANCE COPY			
ANY FINES OR RESTITUTION TO BE PAID			
REMARKS			

I agree to advise the Work Furlough Officer and secure necessary permission prior to making any changes in the above information. I agree to submit to any narcotic, restricted dangerous drugs, or alcoholic tests as requested by any Peace Officer or Work Furlough Correctional Officer at any time. I further agree to any physical or vehicle search at any time by any Peace Officer or Work Furlough Correctional Officer.

Signed: _____

WF Form - 3

NEVADA COUNTY PROBATION DEPARTMENT

FINANCIAL STATEMENT

Case Name _____ No. _____ Date _____

Address _____ Telephone _____

MONTHLY INCOME			MONTHLY EXPENSES		
~~Gross Earnings~~			Rent or Payment on Property		
Occupation			Avg. Mo. Cost of Taxes & Assmt.		
Employer's Name & Address			Food for Persons		
			Clothing for Persons		
Number of Exemptions ( )			Gas, Light, Water & Telephone		
Spouse Earnings			Transportation		
Occupation			Avg. Mo. Premiums on Ins.		
			Incl. Fire & Auto.		
Pensions, Retirement Benefit			Support or Alimony		
Social Security Benefits					
Other Income			Dues, Labor, Club, Ass'n, Etc.		
			Total Amt. Mo. Pm'ts on Debts		
Pay Roll Deductions			Incidentals		
Net Total			Total		

RESOURCES			LIABILITIES	Amt. of Debt	Pmts.
CASH in Bank			Balance due on Real Estate		
Merchandise			Name and Add. of Mortgage Holder		
Personal Property					
Furniture & Fixtures					
Real Estate-Market Value					
Address			Other Creditors		
Kind of Car Year					
Insurance Amount					
Type Company					
Stocks, Bonds, Etc.					
Mortgage or Trust Deed					
Judgments or Debts Collectable					
Total			Total		

Form A-6

NEVADA COUNTY PROBATION DEPARTMENT
WORK FURLOUGH PROGRAM

Notice to Employer

Date: _____

Re: _____

Dear Sir:

The above named individual is currently making application for the Work Furlough Program administered by the Nevada County Probation Department. He/She has been or will be sentenced by the Court to the County Jail, and will be permitted to work at his/her regular employment, but must spend all of his/her remaining hours in jail. The three main goals of the program are as follows:

1. To reduce the financial burden to the taxpayer by requiring that the individual support his/her family while incarcerated rather than having the support be provided by the welfare system.
2. To offset the financial burden to the taxpayer of housing and feeding the individual by requiring that he/she pay $_____ per day while incarcerated in the jail.
3. To help ensure that the individual is employed at the time of his/her release from jail.

Attached is an employment agreement form that must be signed by you and the employee which requests certain information and states certain employer obligations. In order for the above named individual to participate in the Work Furlough Program you must agree to:

1. Provide Workman's Compensation Insurance.
2. Notify this department or the jail immediately if the employee does not show up for work, leaves work, or if he/she is fired or quits.

This department sincerely appreciates your participation in this program by offering or continuing employment for the above named individual. If you need further information regarding the program, please contact the undersigned at the Nevada County Probation Department.

Sincerely,

H. DOUGLAS LATIMER
Chief Probation Officer

Work Furlough Officer

WF Form-5

NEVADA COUNTY PROBATION DEPARTMENT
WORK FURLOUGH PROGRAM

Employment Agreement

THIS IS TO VERIFY THAT _____ IS EMPLOYED BY THE UNDERSIGNED AS A _____ AT

_____.
Business Address Phone Number

HE WILL RECEIVE $_____ PER HOUR. HE WILL BE PAID AS FOLLOWS:

Weekly /_/ Bi-Weekly /_/ Monthly /_/ Other _____

HE WILL COMMENCE WORK AT _____P.M./A.M. TO _____P.M./A.M.

_____, THROUGH _____.
Day of Week Day of Week

DATE HIRED WITH COMPANY _____ LENGTH OF TIME WITH COMPANY _____

I AGREE TO FURNISH WORKMAN'S COMPENSATION INSURANCE FOR HIM WHILE HE IS WORKING FOR ME.

I AGREE TO INFORM THE WORK FURLOUGH ADMINISTRATOR OR CORRECTIONAL OFFICER ON DUTY IMMEDIATELY IF HE/SHE DOES NOT SHOW UP FOR WORK, LEAVES WORK, OR IF HE/SHE IS FIRED OR QUITS.

_____
Employer Phone Number

_____
Employee

WITNESSED BY:

_____

_____

DATE: _____

WF Form-6

NEVADA COUNTY PROBATION DEPARTMENT

WORK FURLOUGH PROGRAM

Terms and Conditions

I understand that my placement in the Work Furlough Program is voluntary and I agree:

1. To pay Nevada County $_____ per day for the cost of my maintenance while in the Work Furlough Program. My next payment is due Friday, _____, at 8:00 a.m., and every Friday thereafter. On every Thursday, prior to my payment being due, I agree to purchase another money order.
2. That while on the program I will obey all Federal, State and local laws. While away from the facility, I will conduct myself in an orderly and responsible manner.
3. To follow all reasonable and proper instructions given by the W/F officer, probation officer and/or Detention Center staff.
4. That while housed at the Detention Center to follow all rules and regulations as outlined by that facility and not to display an inappropriate attitude/behavior which may have a negative/adverse effect on other inmates or staff.
5. To go directly to and return directly from my place of employment or education. If for any reason I am delayed and cannot return to the detention center on time, I will notify the Correctional Officer on duty at once and await instructions.
6. That deviation in my work or educational hours, means of transportation or route to my work/school site must be approved in advance by the Work Furlough Officer.
7. That I will not change jobs, job sites, quit present job or alter any terms of this agreement without approval from the Work Furlough Officer.
8. That I will not knowingly provide false or withhold information to/from the Work Furlough Officer or any employee of the County Jail.
9. I will return from "Special Release" (1208(d)PC) at the date and time specified or arrange for an authorized extension from the Work Furlough Officer. I understand that I will participate only in activities as outlined in my request for Special Release. (Special Release form to be submitted at least 48 hours in advance).
10. That upon release from work/school, I will report promptly to the booking office.
11. That I will not make any or receive any telephone calls at work, unless authorized by an officer, or unless they pertain to my work.
12. That I will not arrange any visits with my family or friends except at the regular visiting hours at the place of detention.

13. That I will not return with any purchases or items unless authorized in writing by an officer, nor will I make any purchases for other inmates.
14. That I will not go to taverns, restaurants, or places where alcoholic beverages are sold.
15. That I will not drink, consume, take, accept, or possess:
    a. Any beverage, medication, or food containing al
    b. Any drug, except where the same has been lawfully prescribed by a physician, and has the specific approval of the medical staff of the county jail. I accept full responsibility and will be fully accountable for any non-prescription medication I take on my own. I will notify the Work Furlough Officer immediately of any non-prescription medication that I take.
16. That I will willingly cooperate with, and submit to, any alcohol test, urinalysis, blood test, other such test, or examinations, including an examination by medical staff, for the purpose of determining whether I have taken, consumed or am in possession of any alcohol or drugs.
17. That I will willingly cooperate with, and submit to, any search of my person, vehicle (used in going to or from work/school), possessions or any area I use or control while on the Work Furlough Program. I will not allow anyone else to use my vehicle at any time.
18. That I will keep a copy of this Inmate Agreement with me at all times while away from the detention facility as identification and evidence of my authorization to be away from the detention facility.
19. That if I encounter a problem tnat my cause me to violate any of these rules, I will at once notify the Work Furlough Officer or the Correctional Officer on duty and follow the instructions I am given.

I have reviewed, understand, and agree to abide by the above terms and conditions of the Work Furlough Program. I also understand that failure to comply with any of the above conditions may result in a disciplinary action which may consist of loss of good time/work time, being held from work, removal from the program and/or further court action.

Signature of applicant: _____ Date: _____

Witnessed by Work Furlough Officer: _____ Date: _____

NEVADA COUNTY PROBATION DEPARTMENT

WORK FURLOUGH PROGRAM

NOTICE OF INCOMPLETE APPLICATION

Date: _____

Dear _____:

On _____, you made application with this department for acceptance in the Nevada County Work Furlough Program. Currently, your application is incomplete and the following information is urgently needed:

1. _____
2. _____
3. _____
4. _____
5. _____

Your prompt attention to this matter is necessary and appreciated. Please contact me immediately at the Nevada County Probation Department. The telephone number is (916) 265-1376.

Sincerely,

H. DOUGLAS LATIMER
Chief Probation Officer

Deputy Probation Officer

NEVADA COUNTY PROBATION DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

To: _____
(Name of Educational Agency or Institution of Higher Learning)

I, _____, am a student of the above-named educational facility. I hereby authorize you to release to the Nevada County Probation Department, Courthouse, Nevada City, California, the information listed below, for the purpose of determining my eligibility for education furlough. You need not provide me with a copy of the information.

1. Address given upon registration
2. Semester previously registered for school
3. Subject major
4. Classes and hours registered for present semester
5. Classes registered for upcoming semester, if any
6. Number of units or classes completed
7. Other: _____

I am over the age of eighteen(18) years and am an emancipated adult. Under penalty of perjury, I declare that I am the person named above and a student at the educational facility named above.

Executed this _____ day of _____ 19____, at Nevada City, California.

Signature of Student _____ Date _____

COUNTY OF NEVADA

PROBATION DEPARTMENT
Second Floor, Courthouse
Nevada City, California 95959
(916) 265-1200

H. DOUGLAS LATIMER
Chief Probation Officer

I, _____, in consideration for being granted Work Furlough in Nevada County and warranting that I am an independent contractor and have my own medical insurance and disability insurance, do hereby waive and release the County of Nevada, it's officers and employees from any and all liability occasioned/caused from whatever source attendant to the Work Furlough Program and do hereby agree to indemnify and hold harmless said County, it's officers and employees for any claims, losses, attorney fees or costs which may be associated with any loss, injury, or other liability that I may experience directly or indirectly from the operation of said program.

DATED:_____

_____

Witness:_____

COUNTY OF NEVADA

PROBATION DEPARTMENT

Second Floor, Courthouse
Nevada City, California 95959
(916) 265-1200

H. DOUGLAS LATIMER
Chief Probation Officer

Date: _____

SUBJECT:

The above-named defendant, who was sentenced in your county, has applied to the Nevada County Work Furlough Program.

____ We have found him unacceptable for the following reasons:

_____

_____

_____

_____

_____

____ We have approved him for admission to the Program and notified him to report on _____.

Please provide us with a <u>certified copy</u> of his Court Commitment as well as documentation noting the subject's release date.

If you have any questions, please contact me.

H. DOUGLAS LATIMER
Chief Probation Officer

Deputy Probation Officer

WF-21

NEVADA COUNTY PROBATION DEPARTMENT

WORK FURLOUGH PROGRAM

JAIL NOTIFICATION OF ACCEPTANCE

To: Booking Officer

From: Work Furlough Officer

Subject: _____ DOB: _____

Date: _____

The above named subject has been screened and approved for acceptance into the Work Furlough Program.

Check one:

____ He/She will serve his/her commitment on the Nevada County Work Furlough Program. Please do not release him/her to work until authorized by the Work Furlough Officer.

____ He/She has been approved for transfer to the _____ County Work Furlough Program.
Please book him/her and release him/her TOC to said county. Also, please send with them a copy of their time credits and projected release date.

Should he/she fail either program, the normal procedure will be followed in returning him/her to your custody.

Thank you for your cooperation in this matter. If further information is needed, please contact the undersigned.

Sincerely,

Work Furlough Officer

COUNTY OF NEVADA

PROBATION DEPARTMENT
Second Floor, Courthouse
Nevada City, California 95959
(916) 265-1200

H. DOUGLAS LATIMER
Chief Probation Officer

Date:

Subject:
Personal File Number:
Booking Number:
Surrender/Stay Date:

The above-named defendant has applied to the Nevada County Work Furlough Program for transfer to your county.

___ We have found him unacceptable for the following reasons:

_____

_____

_____

___ We have found him acceptable. Enclosed you will find a copy of our application form with personal, court and employment and/or educational information provided by the defendant. If a pre-sentence report is available, it has also been enclosed.

If you accept the subject, contact us and we will arrange to send you a certified copy of his Court Commitment. If there is sufficient time, we will mail it to you at the above address, If not, have the defendant contact us and we will send it with him in a sealed envelope on the day he is to report to your facility.

NOTE: The defendant has been advised by both the sentencing court and us that he must pre-book in our county jail; it is important that he do this and we would appreciate it if you would remind him of this.

Sincerely

Robert Cannon
Deputy Probation Officer II

NEVADA COUNTY PROBATION DEPARTMENT

WORK FURLOUGH PROGRAM

JAIL NOTIFICATION OF ACCEPTANCE

To: Booking Officer

From: Work Furlough Officer

Subject: _____ DOB: _____

Date: _____

The above named subject has been screened and approved for acceptance into the Work Furlough Program.

Check one:

____ He/She will serve his/her commitment on the Nevada County Work Furlough Program. Please do not release him/her to work until authorized by the Work Furlough Officer.

____ He/She has been approved for transfer to the _____ County Work Furlough Program.
Please book him/her and release him/her TOC to said county. Also, please send with them a copy of their time credits and projected release date.

Should he/she fail either program, the normal procedure will be followed in returning him/her to your custody.

Thank you for your cooperation in this matter. If further information is needed, please contact the undersigned.

Sincerely,

Work Furlough Officer

NEVADA COUNTY PROBATION

WORK FURLOUGH PROGRAM

NOTICE OF ACTION

Date:

To:_____

( ) Your application has been accepted.

~~You will be allowed to begin work: ( )~~ _____
(date)

( ) upon completion of paperwork

( ) as directed by Work Furlough Officer

( ) Your application has been rejected for the following reason(s):

1. ( ) Criminal charges ( ) Warrants ( ) Holds pending.
2. ( ) Sex offenses (includes arrests and/or convictions)
3. ( ) Narcotic/Drug convictions (includes history of use/abuse)
4. ( ) Violent crimes (includes arrests and/or convictions)
5. ( ) Escapes ( ) Failures to appear
6. ( ) Medical ( ) Physical ( ) Psychiatric problems.
7. ( ) Prior work furlough failure ( ) Other program failure_____ (program)
8. ( ) Prior probation failure(s)
9. ( ) Current offense is violation of probation
10. ( ) Current offense involves multiple violations of the law
11. ( ) Not employed ( ) Inadequate employment
12. ( ) No adequate supervision on worksite
13. ( ) Extensive history of criminal activity
14. ( ) Prior custody record unsatisfactory
15. ( ) Other_____

If you disagree with the rejection, you have the right to appeal. A written appeal must be submitted within five (5) working days to the Chief Probation Officer via the Work Furlough Officer. Further, you have the right to personally appear before the Chief Probation Officer to present any material or information in support of your appeal. The decision of the Chief Probation Officer is final and not subject to further administrative review.

Work Furlough Officer

COUNTY OF NEVADA

PROBATION DEPARTMENT
Second Floor, Courthouse
Nevada City, California 95959
(916) 265-1200

H. DOUGLAS LATIMER
Chief Probation Officer

WORK FURLOUGH PROGRAM

Notice of Action

You are hereby notified that you have been:

_____found unacceptable for the program.

_____disciplined in the following manner_____

_____

_____

_____terminated from the program.

The reason for this action is:_____

_____

_____

_____

_____

If you disagree with the decision, you have the right to appeal. A written appeal must be submitted within five (5) working days to the Chief Probation Officer through the Work Furlough Officer. Additionally, you have the right to personally appear before the Chief Probation Officer to present any material in support of the appeal. The decision of the Chief Probation Officer is final and not subject to further administrative review.

Sincerely,

H. DOUGLAS LATIMER
Chief Probation Officer

Deputy Probation Officer

NEVADA COUNTY PROBATION DEPARTMENT

WORK FURLOUGH PROGRAM

APPEAL

H. Douglas Latimer
Chief Probation Officer
Nevada County Probation Department
Second Floor, Courthouse
Nevada City, California 95959

I, _____, hereby appeal my _____denial _____removal_____disciplinary action from the Work Furlough Program and request an administrative hearing on this matter. I understand the hearing will be held within five (5) working days of the receipt of this appeal and that I may present witnesses or evidence on my behalf.

The basis of my appeal is: _____

_____

_____

_____

_____

_____

I understand that I will receive a written disposition of this appeal within five (5) working days of the conclusion of the administrative hearing.

Signature: _____ Date: _____

NEVADA COUNTY PROBATION DEPARTMENT

HOME DETENTION PROGRAM/WORK FURLOUGH PROGRAM APPEAL

WAIVER OF TIME

I, _____, hereby waive the time limit for my appeal regarding the denial removal _____ disciplinary action from the Home Detention Program. I understand the hearing will be held as soon as possible and all privileges and/or rights afforded me in the appeal process remain in full force and effect at the time of my administrative hearing. The administrative officer that will hear my appeal will notify me of the hearing date five working days prior to the date of the hearing.

Signature_____ Date_____

Witness_____ Date_____

COUNTY OF NEVADA

PROBATION DEPARTMENT

Second Floor, Courthouse
Nevada City, California 95959
(916) 265-1200

H. DOUGLAS LATIMER
Chief Probation Officer

WORK FURLOUGH PROGRAM

Notice of Hearing

This is to inform you that an Administrative Hearing regarding your
_____denial_____removal_____disciplinary action from the Work Furlough Program has been scheduled at_____

_____

You are hereby notified to be present at this hearing to explain your views in this matter.

Sincerely,

H. DOUGLAS LATIMER
Chief Probation Officer

Deputy Probation Officer

COUNTY OF NEVADA

PROBATION DEPARTMENT
Second Floor, Courthouse
Nevada City, California 95959
(916) 265-1200

H. DOUGLAS LATIMER
Chief Probation Officer

WORK FURLOUGH PROGRAM

Disposition of Hearing

On _____ an administrative hearing was held regarding your
_____ denial _____ removal _____ disciplinary action from the Work Furlough Program. The disposition of that hearing is as follows: _____

_____

_____

The reason for the disposition is: _____

_____

_____

_____

The decision of the Chief Probation Officer in this matter is final and not subject to further administrative review.

Sincerely,

H. DOUGLAS LATIMER
Chief Probation Officer

ADUL. INFORMATION/CLASSIFICATION FORM

lassification: _____ Date: _____

am: _____ Alias: _____ DOB: _____

ffense: _____ Case No: _____ On Probation: Yes No

robation No: _____ DL No: _____ SS No: _____

II No: _____

mployer: _____ ~~Phone No:~~ _____

SPECIAL CONDITIONS:

No Drugs__ No Alcohol__ No Bars__ No Weapons__ No Checking Acct.__ Testing__

Search/Seizure__ Notify Employer of Offense:__ License: Restricted/Suspend/Revoked

CONTACTS

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

COMMENTS:

NEVADA COUNTY PROBATION DEPARTMENT

TESTING RECORD

Defendant:

Date Tested	Officer	Type of Test	Date and Results	Action Taken

CHRONOLOGICAL HISTORY SHEET

NAME _____ BIRTHDATE _____

STREET _____ CASE NO. _____

CITY _____ TELEPHONE _____

LENGTH OF SUPERVISION _____

DATE	INTERVIEWER	CONTACT

NEVADA COUNTY PROBATION DEPARTMENT

WORK FURLOUGH PROGRAM

INMATE SCHEDULE AND ATTENDANCE

Inmate: _____ Effective Date: _____

Employer's Name: _____ Place of Employment: _____

Address: _____ Phone No.: _____

Supervisor's Name: _____ Phone No.: _____

Inmate is released to: _____ Phone No.: _____

Transportation: Make: _____ Model: _____

Color _____ License Number: _____

	DATE	LEAVE FACILITY	RETURN FACILITY
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

ATTENDANCE

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Comments:

Retention Center

NEVADA COUNTY PROBATION DEPARTMENT

WORK FURLOUGH PROGRAM

INMATE SCHEDULE

nmate: _____ Effective Date: _____

nployer's Name: _____ Place of Employment: _____

ddress: _____ Phone No.: _____

upervisor's Name: _____ Phone No.: _____

nmate is released to: _____ Phone No.: _____

ransportation: Make: _____ Model: _____

olor: _____ License Number: _____

	DATE	LEAVE FACILITY	RETURN FACILITY
Y			
UESDAY			
EDNESDAY			
HURSDAY			
RIDAY			
SATURDAY			
UNDAY			

COMMENTS:

Signature of Inmate: _____ Date: _____

NEVADA COUNTY PROBATION DEPARTMENT

WORK FURLOUGH PROGRAM

SPECIAL RELEASE

TO: Work Furlough Officer

From: _____

Re: Permission for Out of Facility Activity other than Regular Work Assignment

Date: _____

I hereby request permission to visit _____
(name)

_____ for purpose of _____
(address)

_____

from _____ AM/PM _____ to _____ AM/PM _____
(hour) (date) (hour) (date)

1) I understand that I must provide my own method of transportation to/from the facility. Method of transport: Own vehicle ___, Public transport (bus) ____, Friend ____, Other _____
If friend, name, license # of vehicle, proof of insurance & current registration is required.

2) I also understand that I will not change my route to/from the facility and that I must go directly to the location as requested on my Special Release and engage only in the activity as authorized by the W/F officer.

3) I also understand that I must return directly to the facility by _____ AM/PM _____ and failure to do so may
(hour) (date)
result in removal from the Work/Education Furlough Program.

Date: _____
(Inmate Signature)

Approved _____

Disapproved _____ Reason: _____

Date: _____
(Work Furlough Officer)

Friends Name: _____ DL#: _____

Description of vehicle: _____

NEVADA COUNTY PROBATION DEPARTMENT

WORK FURLOUGH PROGRAM

Special Incident Report

This form is to be completed in triplicate immediately following any special or unusual incident on the Work Furlough Program. Attach an additional sheet if necessary.

Date:_____ Time:_____

Staff Member:_____ Re:_____

Description of Incident:

Action Taken:

Recommendations:

Distribution:
CPO_____

SPO_____

S.I. Folder_____

NEVADA COUNTY PROBATION

WORK FURLOUGH PROGRAM

ADJUSTMENT/TRANSFER SUMMARY

Re: _____ DOB: _____

Date Accepted Into Program: _____ Date Terminated From Program: _____

Reason For Termination: Completion___ Modification___ Violation___

Response and Attitude Towards Program:

Very Satisfactory___ Satisfactory___ Unsatisfactory___

Employment Record While On Program:

Very Satisfactory___ Satisfactory___ Unsatisfactory___

Number of Contacts: Home____ Work____ School____ Jail____ Prob. Office____

Telephone___ Other___

Compliance With Special Conditions: (counseling, AA, NA, testing, etc.)

Satisfactory____ Unsatisfactory____ Comments: _____

_____

_____

Financial Obligations:

Total Fine: _____ Balance: _____ Last Payment Date: _____

Total Restitution: _____ Balance: _____ Last Payment Date _____

Restitution Fund Fine: _____ Balance: _____ Last Payment Date: _____

Comments: _____

_____

Flash Notice Completed: Yes____ No____ Date: _____ By: _____

290 PC/11590 H&S Notice of Registration Completed: Yes____ No____ Date: _____

By: _____

Additional Comments:

_____

_____

_____

Signed: _____

NEVADA COUNTY PROBATION DEPARTMENT

Work Furlough Inmate Population

Week Of________________ I9_____

NAME	BEGIN DATE	EMPL.	WORK#	SCHED.	OUT	IN	RELEASE DATE	FEE	M	T	W	TH	F	SAT	SUN	Comments

WF Form- 15

WORK FURLOUGH FINANCIAL COVER SHEET

WEEK: ______________

E	DAYS WKD	FEES OWED	PRE. BAL	TTL OWED	PYMT DATE AMT	BALANCE	OUT DATE

NEVADA COUNTY PROBATION DEPARTMENT

WORK FURLOUGH PROGRAM

PROGRAM STATISTICS

MONTH OF _____ 19__

TOTAL APPLICANTS INTERVIEWED..... _____

TOTAL APPLICANTS ACCEPTED..... _____

TOTAL APPLICANTS REJECTED..... _____

TOTAL APPLICATIONS NON-RETURNED..... _____

TOTAL MALES ON PROGRAM THIS MONTH..... _____

TOTAL FEMALES ON PROGRAM THIS MONTH..... _____

TOTAL INMATES ON PROGRAM THIS MONTH..... _____

TOTAL MALES ON PROGRAM TO DATE THIS YEAR..... _____

TOTAL FEMALES ON PROGRAM TO DATE THIS YEAR..... _____

TOTAL INMATES ON PROGRAM TO DATE THIS YEAR..... _____

TOTAL INMATES SUCCESSFULLY COMPLETED PROGRAM THIS MONTH..... _____

TOTAL INMATES REMOVED/RETURNED TO JAIL THIS MONTH..... _____

TOTAL INMATES SUCCESSFULLY COMPLETED PROGRAM TO DATE THIS YEAR..... _____

TOTAL INMATES REMOVED/RETURNED TO JAIL TO DATE THIS YEAR..... _____

TOTAL SUPERIOR COURT CASES TO DATE THIS YEAR..... _____

TOTAL JUSTICE COURT CASES TO DATE THIS YEAR..... _____

TOTAL INMATES ON PROBATION TO DATE THIS YEAR..... _____

TOTAL INMATES ON STRAIGHT COMMITMENTS TO DATE THIS YEAR..... _____

TOTAL ADMINISTRATIVE HEARINGS THIS MONTH..... _____

TOTAL ADMINISTRATIVE FEES COLLECTED THIS MONTH.... _____

TOTAL ADMINISTRATIVE FEES COLLECTED TO DATE THIS YEAR..... _____

Form WF-17

WORK FURLOUGH TRANSFER AGREEMENT

THIS AGREEMENT made and entered into this_____day of _____, 19_____, by and between the Office of the ~~Chief Probation Officer of Nevada County, as the Nevada County~~ Work Furlough Administrator, and the Office of the Sheriff/Chief Probation Officer, as the_____County Work Furlough Administrator:

W I T N E S S E T H:

WHEREAS, the Counties of Nevada and_____have enacted ordinances which make the provisions of Penal Code Section 1208 relating to work furlough applicable in their respective counties, and delegate to the Work Furlough Administrators of said counties the authority to enter into agreements pursuant to Penal Code Section 1208.5 relating to the transfer of prisoners from the Work and Educational Furlough Program of one ocunty to another; and

WHEREAS, the Nevada County Chief Probation Officer and _____County Sheriff/Chief Probation Officer have each been designated by ordinance as the Work Furlough Administrator for their respective counties, and the parties hereto intend by this Agreement to invoke the provisions of Penal Code Section 1208.5;

IT IS HEREBY MUTUALLY AGREED as follows:

1. Prisoners sentenced to or imprisoned in the jail of either Nevada County or_____County may be transferred to the jail of the other county, if each and all of the following conditions are fulfilled:

b. The prisoner requests such transfer;

c. The prisoner is employed at a job location in the area normally allowed for_____County Work Furloughees or_____County Work Furloughees.

d. Prior to approving a transfer, appropriate application shall be submitted by the transferring county to the Work Furlough Administrator of the receiving county; to include, but not be limited to:

(1) Work Furlough Application

(2) Copy of the latest presentence report; and

e. The Work Furlough Administrators of the respective counties approve such transfer; and

f. The costs of transporting a prisoner to the receiving county shall be the responsibility of the transferring county; and

g. Costs of any medical or dental treatment incurred by the prisoner shall be borne by the prisoner or the transferring county.

2. Any prisoner transferred pursuant to this Agreement shall be deemed, during the period of the transfer, to be sentenced to or imprisoned in the jail of the receiving county and subject to the jurisdiction, custody, control and authority of the Sheriff of the receiving county to the same extent as if the prisoner had been initially sentenced to or imprisoned in the jail of the receiving county.

Except as otherwise authorized and provided by Penal Code Section 1208(d), the receiving county shall be responsible, during the period of the transfer, for the costs of providing clothing, food, shelter, necessaries, custodial and administrative expenses of, and associated with, the maintenance of the prisoner so transferred; provided the prisoner may be required to make contributions covering or defraying such costs pursuant to the provisions of Penal Code Section 1208(e). The transferring county shall not be liable to the receiving county for any such costs associated with the custody, care or maintenance of the prisoners so transferred which are incurred during the period of the transfer except as set forth in this agreement.

3. The Work Furlough Administrator of the receiving agency retains all rights and responsibilities for acceptance or rejection of an application as well as the right to require the return of any prisoner at any time and for any reason.

   a. The costs of transporting the prisoner back to the transferring county shall be the responsibility of the transferring county.

4. This Agreement may be terminated by either party hereto by issuance of notice not less than 30 days prior to the effective date of termination. Such notice shall be effective upon its deposit in the United States mail, postage prepaid and addressed as follows:

TO: Chief Probation Officer
County of Nevada
Courthouse
Nevada City, California 95959

TO: _____

_____

_____

_____

(Insert change to double spacing)

The termination of the Agreement shall not cause the return of any prisoner transferred prior to the effective date of termination, except pursuant to the terms of this Agreement. All of the terms of this Agreement shall be fully applicable to any prisoner transferred prior to the effective date of termination.

5. This Agreement shall be come effective on_____ 19_____, and shall continue in full force and effect until terminated in the manner prescribed in Paragraph 4 above.

IN WITNESS WHEREOF, we, the parties hereto, have executed this Agreement on the day, month and year first above written.

OFFICE OF THE CHIEF PROBATION OFFICER OF NEVADA COUNTY	OFFICE OF THE_____ OF_____COUNTY
_____	_____
H. DOUGLAS LATIMER Chief Probation Officer Work Furlough Administrator County of Nevada	Work Furlough Administrator County of_____

WORK FURLOUGH TRANSFER AGREEMENT

THIS AGREEMENT made and entered into this_____day of _____, 19_____, by and between the Office of the Chief Probation Officer of Nevada County, as the Nevada County ~~Work Furlough Administrator, and the Office of the Sheriff/~~ Probation Officer, as the_____County Work Furlough Administrator:

W I T N E S S E T H:

WHEREAS, the Counties of Nevada and_____have enacted ordinances which make the provisions of Penal Code Section 1208 relating to work furlough applicable in their respective counties, and delegate to the Work Furlough Administrators of said counties the authority to enter into agreements pursuant to Penal Code Section 1208.5 relating to the transfer of prisoners from the Work and Educational Furlough Program of one ocunty to another; and

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(2) Copy of the latest presentence report; and

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TO: Chief Probation Officer
County of Nevada
Courthouse
Nevada City, California 95959

TO: _____

_____

_____

_____

(Insert change to double spacing)

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5. This Agreement shall be come effective on_____ 19_____, and shall continue in full force and effect until terminated in the manner prescribed in Paragraph 4 above.

IN WITNESS WHEREOF, we, the parties hereto, have executed this Agreement on the day, month and year first above written.

Code Insert Single space

OFFICE OF THE CHIEF PROBATION OFFICER OF NEVADA COUNTY	OFFICE OF THE_____ OF_____COUNTY
_____	_____
H. DOUGLAS LATIMER Chief Probation Officer Work Furlough Administrator County of Nevada	Work Furlough Administrator County of_____