



COUNTY OF LAWRENCE

PRESIDENT JUDGE
DOMINICK MOTTO

ADULT PROBATION & PAROLE
JAMES R. JENDRYSIK, CHIEF

HOUSE ARREST DIVISION
ANDREA ANDERSON, ASSISTANT CHIEF

House Arrest Work Release Application

This application should be completed by the employer and submitted approximately 7 days before commencing your house arrest sentence. **Please Print Clearly**

Name: _____ Date: _____

SSN: _____ Case Number: _____

Employer: _____

Employer Address and Phone Number: _____

Supervisor: _____

Rate of Pay: _____ Length of employment: _____

Type of Work: _____

Work Duties/Hours: _____

- Do you agree to report any bad work habits, lateness or absences to the Adult Probation Office (724-656-2173)? Yes/No
- Are you related to this individual? Yes/No
 - If yes, explain how _____
- Do you provide workers compensation? Yes/No
 - Submit Workers Compensation Policy Numbers and or Insurance

Employer's Signature Date

____ Eligible ____ Not Eligible Why: _____

Supervisors Signature _____ Date: _____

