

2025

Renville County Jail

Huber Work Release Packet and Application



Scott D. Hable, Renville County Sheriff



Ned G. Wohlman, Jail Administrator



Community Reentry Specialists

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You must have this packet returned to the Renville County Jail **no later than 14 days in advance of the date you are required to report to jail** or you might not be released for work your first day in jail or on house arrest.

RENNVILLE COUNTY JAIL

CONDITIONS AND REQUIREMENTS FOR WORK RELEASE

HUBER WORK RELEASE IS A PRIVILEGE. AS SUCH, IT CAN BE TERMINATED FOR CAUSE IF YOU VIOLATE THE RULES AND REGULATIONS CONTAINED IN THIS PACKET. IF YOU ARE EVER IN DOUBT, ASK!

A CHANGE IN PRE-ARRANGED TERMS OF YOUR WORK RELEASE CAN ONLY BE APPROVED BY THE CRS OR BY JAIL ADMINISTRATION. YOU MUST SEEK PERMISSION STARTING WITH THE CRS AND YOU ARE NOT ALLOWED TO CONTACT JAIL ADMINISTRATION TO SEEK A DIFFERENT ANSWER.

A. GAINFUL EMPLOYMENT

- i. If employed by a business:
 1. It must keep payroll tax information.
 2. You must provide proof of this through current check stubs or payroll receipts which indicate withholding or payroll taxes.
 3. It must supply us with a copy of the cover sheet of their current workers' compensation insurance.
 4. You must be employed 35 days prior to your sentence beginning date.
 5. You will be allowed (1) ONE full-time employer not to exceed (40) forty hours (excluding travel time) and (6) six days a week. The work week runs Sunday through Saturday. Any variation of this provision must be approved in advance by the CRS or jail administration.
- ii. If self-employed:
 1. You must demonstrate the legitimacy of your business by:
 - a. Presentation of last year's business or tax records
 - b. Current legal contracts
 - c. List of current clients (clients will be contacted for verification)
 - d. You must provide proof of a current accident and health insurance policy that covers you for the length of your stay.

B. EMPLOYMENT THROUGH TEMPORARY AGENTS OR FAMILY MEMBERS

- i. You will not be allowed to work for a temporary agent if they cannot provide you with steady work.
- ii. If employed by family, payroll tax deductions must have been made one or more months before you came to jail.
- iii. Employment must be started 35 days prior to start of your sentence here at the Renville County Jail.
- iv. Working for "cash" without proof of withholding taxes and worker compensation insurance disqualifies you for work release.

C. IF YOU WORK LOCATION IS MORE THAN 50 MILES BEYOND OLIVIA

- i. You will need prior approval from the CRS or jail administration.

D. IF REQUIRED TO WORK AT AN AREA OTHER THAN A BUSINESS ADDRESS

- i. You will be required to furnish a detailed map of the location prior to leaving the jail.
- ii. If you must change job sites during the day, you will be required to call the jail at 320-523-3600 and have the change of address approved by the CRS or jail administration. You may not move to a new address without permission.
- iii. If the site would be going outside the 50 mile perimeter you must have prior approval from the CRS or jail administration
- iv. You may be required to wear AND pay for a GPS device if your location changes often.

E. UNACCEPTABLE EMPLOYMENT IS

- i. Working for cash
- ii. Short term work through temporary service or family members
- iii. Self-employment without documented records
- iv. You will not be permitted to be released to complete "chores" at your residence you will have to have made those arrangements prior to coming to jail.

F. IF YOU ARE ATTENDING SCHOOL

- i. You must provide current documentation from the institution indicating present enrollment
- ii. You must provide your advisor's name, location and phone number
- iii. You must have an instructor that will verify your research and study time.

G. IF YOU HAVE OUTSTANDING RENVILLE COUNTY JAIL FEES

- i. You WILL NOT be allowed to be released for work release until your outstanding fees here at the Renville County Jail are paid in full. These fees include, but are not limited to: work release, housing, UAs, medical and booking fees.

H. WHAT TO BRING AND WHAT NOT TO BRING TO JAIL

- i. You are not allowed to bring in personal hygiene items. They will have to be purchased off of commissary. We will provide the initial supply that lasts approximately 7 days, after that you are on your own.
- ii. Bring enough clothing to last 3 days. We have a washer and dryer for you to wash and dry your clothing when it is dirty. You are not allowed to go home to wash your clothing or get additional clothing.
- iii. Do not bring in tobacco products of any sort, it will be thrown away. Keep it at work or in your vehicle. It will not be allowed to be stored in the Huber lockers.

I. IF YOU ARE ATTENDING COURT ORDERED TREATMENT

- i. The jail will make every effort to allow you to attend court ordered treatment so long as it does not significantly affect jail routine or jail security. In most cases, you will be required to wear a GPS monitor AND pay for the cost of the monitoring.

J. MEDICAL INFORMATION

- i. Bring into jail only the medication that you will have to take while inside the jail. If a medication will only be taken when you are out of the facility, tell intake staff what the medication is and what dose you take but do not bring it inside the facility.
- ii. If you have had a Mantoux test within the last 3 months, bring the records with you or you will be required to have a Mantoux test if you are staying longer than 14 days.
- iii. If you have been vaccinated against COVID, bring in your vaccine card.

K. STRIP SEARCHES

- i. When you enter jail, you will submit to a full body scan as directed by staff. This is a low dose x-ray.
- ii. When you are admitted into jail and before admitting you to general population, you may be strip searched for your safety and the safety of other inmates as well as staff.
- iii. EACH TIME you return from work release, you will be scanned by the jail's full body scanner.

PERSONAL INFORMATION:

FULL NAME: _____ DOB _____

CURRENT ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME AND PHONE NUMBER: _____

SOCIAL SECURITY: _____ DL #: _____

WORK RELEASE FEES

Huber Work Release Fee \$27.50 / day

EDUCATIONAL FEES

Self-Pay Fee \$85.00 / day with court permission

(KEEP THIS SHEET FOR YOUR RECORDS)

WORK RELEASE FEES ARE SET BY THE RENVILLE COUNTY BOARD OF COMMISSIONERS AND IT SHALL BE THE RESPONSIBILITY OF THE JAIL PROGRAMMER OR JAIL ADMINISTRATOR TO REVIEW WORK RELEASE FILES AND DETERMINE DAILY CHARGES ACCORDING TO, BUT NOT LIMITED TO, THE FOLLOWING CRITERIA:

- A. **Effective January 7, 2025, Renville County Jail has eliminated Pay to Stay.** RCJ still charges for Work Release/Educational release at the rate of \$27.50 per day for each day you are in custody. This includes the day your sentence is complete even if you are released when you leave for work. If yours is an out of county sentence, the self-pay charge will be \$85.00 per day for every day you are in Renville County Jail. Approval for self-pay requires your sentencing county judge to allow you to serve in Renville County and you must have prior jail administration approval.
- B. The Drug Testing fee is \$25.00 per test. Alcohol testing (PBT) is \$5.00 per test. You will be required to pay this fee per each test.
- C. A booking fee of \$25.00 is collected when you report in. Remember, you will not be allowed to work or attend classes if you have any outstanding fees for either the Renville County Sheriff's Office or Renville County Jail.
- D. There is a \$25.00 one-time charge to process and set up work release or educational release.

AT NO TIME WILL YOU BE ALLOWED TO GET BEHIND ON ANY OF THESE FEES.

FAILURE TO STAY CURRENT **WILL** RESULT IN IMMEDIATE TERMINATION OF YOUR WORK RELEASE/EDUCATIONAL RELEASE PRIVILEGE UNTIL YOU ARE PAID IN FULL. A COPY OF YOUR PAY STUB MUST BE SUBMITTED TO THE CRS AND/OR JAIL STAFF ON EVERY PAY DAY.

ELIGIBILITY REMINDER

Eligibility for the Renville County Jail Work Release/Educational Release program will be denied if you have outstanding warrants or holds from other agencies, distance to your job site greater than allowed, lack of employer supervision, inability of CRS to verify employment information or attendance, inability to verify job sites, transportation problems, history of non compliance during previous sentences, failure to report for previous sentences, or other relevant factors. If you test positive for drugs not prescribed to you by a licensed physician upon either entry to the jail or when you are hooked up to home monitoring, you will not be eligible for work release or educational release. Your sentencing order states you must remain law abiding to both state and federal laws. Even though medical marijuana is legal in Minnesota, it is **NOT** legal under federal law and therefore there can be no THC present in your system to be eligible for Work/Educational Release program.

WARRANT ARREST DUE TO FAILURE TO APPEAR TO SERVE YOUR SENTENCE

If you do not report to jail on the day arranged during a meeting with the CRS or jail administration or if you do not report to jail on the day ordered by the Court, **YOU WILL NOT BE ELIGIBLE FOR WORK RELEASE OR EDUCATIONAL RELEASE.**

RENVILLE COUNTY JAIL
WORK RELEASE CONTRACT

Remember! The excuse that you did not understand a rule or regulation in this contract will not be considered when you are violated. Your conduct while you are in the jail may affect your work release privilege. Treat all jail staff and other inmates as you would expect to be treated yourself.

If I am granted work release privilege during my sentence at the Renville County Jail, I agree to the following terms. My initials next to each term below acknowledge that I have read and understand the following rules.

- _____1. Work release or community service privileges are allowed at the discretion of the Renville County Sheriff or his designee. I *MAY NOT* be allowed to work if I have any outstanding jail fees including, but not limited to: Old Huber fees, UA fees, medical fees, Booking fees, Pay to Stay fees, Canteen fees, etc.
- _____2. I must submit to random testing at the beginning of my sentence and pay the fee for such testing. I understand if I have a "dirty" UA I will be terminated from the work release program immediately. Medical marijuana is not allowed as it is federally illegal.
- _____3. I understand that any law enforcement officer or Renville County jail staff has the right to chemical test me at anytime to verify abstinence. I also understand I will be required to pay the fees for such testing. I agree to follow the standard jail policy in giving my U/A specimen.
- _____4. While on work release, I am allowed to travel to work, participate in work, and travel back to jail from work only. If my work site varies, I will submit the proper paperwork required by the CRS prior to that day. If the job site changes, I will call 320-523-3600 and request permission from the CRS or jail administration of the new site and then bring in the proper paperwork when I return to the jail.
- _____5. While on work release, I will be provided with one bag lunch meal if I request it. Any further meals will be on my own, acceptable meals include drive through restaurants and local gas stations. Sit down meals are not permitted.
- _____6. I am not allowed to work beyond 50-mile radius of Olivia without the express written authorization from the CRS or jail administration.

- _____7. In order to participate in the work release program, I will provide the CRS with proof that I am covered by Worker's Compensation insurance, or my own accident and health insurance.
- _____8. If I am granted work or educational release, I will pay \$27.50 for every day that I am in custody after reporting to serve my sentence . The jail accepts cash and money orders only – no personal checks are allowed. Payments will be automatically withdrawn from my account. At no time will I be allowed to get behind in my payments.
- _____9. I am not allowed to work more hours than I had normally been working prior to coming to jail. This can be verified by pay stubs from the previous month. THE MAXIMUM NUMBER OF HOURS THAT CAN BE WORKED EACH WEEK IS 40 HOURS, TRAVEL TIME NOT BE INCLUDED, DEPENDING ON THE JOB. The weeks run Sunday through Saturday. ANY variation to the 40 hours per week must be approved by the CRS or jail administration.
- _____10. Working on the following holidays: New Years Day, Memorial Day, 4th of July, Labor Day, Thanksgiving Day and Christmas need to be authorized by the CRS. Working any other holiday will require verification from my employer.
- _____11. I agree to notify the Program's Staff or any on-duty corrections officer of my scheduled days and hours on the sheet provided. If the schedule is rotating, I will provide a copy of the schedule I receive from my employer. Failure to provide a work schedule will result in my immediate termination from work release.
- _____12. I agree to keep paycheck stubs and provide them to the CRS every payday. I understand that the jail does not accept payroll checks and that I am responsible for cashing my payroll checks after first receiving permission from the CRS or jail administration ahead of time when planning to do so.
- _____13. The Renville County Sheriff's Office staff may make periodic checks at my work site or visit my supervisor in person or by phone to verify that my work schedule is being followed. If I am not following the schedule provided or there are discrepancies in my work hours, I may have my work release privileges suspended or revoked.
- _____14. I agree not to use any intoxicants or illegal substance while participating in the work release program. Any refusal to submit to testing will mean an immediate termination of my work release privilege. You cannot drink alcohol or use any drugs not prescribed to you by a licensed physician regardless of whether you are coming back to jail each night or granted the privilege of Electronic Home Monitoring. Any THC in your system triggers a same being sent to the lab for confirmation and amount in parts per ng/mL. Work release will be suspended until the results are returned.
Cannabis use--whether medical or recreational--is not allowed while participating in work release.

- _____ 15. I understand that I may be required to wear a GPS monitor if my job doesn't have one specific location. This monitor will be at my expense.
- _____ 16. I am responsible for any medical expenses while I am participating in the work release program.
- _____ 17. Any medical appointments made outside the facility on my own must be approved by the CRS or jail administration prior to visiting the physician. I will show proof of the appointment. In the event of an emergency, I understand my health comes first and I will call at my earliest convenience to notify staff after the emergency is dealt with.
- _____ 18. I agree that I will not make any unauthorized stops or phone calls, or have visitors come to my work site while out of jail on work release or my work release privilege may be terminated. Use of a cell phone **is not allowed** except to contact the jail.
- _____ 19. I am expected to provide a valid driver's license if I am driving myself to work.
- _____ 20. I agree not to bring any contraband into the jail. Attempting to do so will result in termination from the program and possible criminal prosecution. Contraband items include, but are not limited to: cigarettes, matches, lighters, chewing tobacco, or any type of weapon.
- _____ 21. I understand that my cell living area and anything left out in the dayroom area will be cleaned up and left in an orderly fashion. I understand I will participate in the cleaning of the common areas.
- _____ 22. I agree to surrender my cell phone at any time when requested by jail administration, CRS or corrections staff and that I will provide my phone pass code in order to view contents. Refusal to allow phone access will result in immediate termination of work release/education.
- _____ 23. I agree to random searches of my vehicle* **without a warrant** and at any time for any reason. I will keep the keys to my vehicle in my assigned Huber locker, available to corrections staff. Refusal to allow a search will result in the immediate termination of work release/education.
- _____ 24. I agree to abide by all state and federal criminal laws.

*NOTE: Federal inmates must also have written permission from the BOP Residential Reentry Manager or designee to drive a vehicle on work release.

My signature below acknowledges that I have read the contract or had it read to me. **I understand these rules and regulations and agree to abide by them.** I also agree to abide by the rules and regulations of the Jail.

Inmate Printed Name: _____ Cell Phone Number: _____

Inmate Signature: _____ Date: _____

Signature of Officer Approving Work Release: _____ Date: _____

Notes:

RENVILLE COUNTY JAIL
EMPLOYMENT INFORMATION SHEET

Complete this section *ONLY* if you are *NOT* self-employed

Your Name: _____ Date: _____

Employer: _____ How long employed: _____

Your job title: _____ Wages: _____

Supervisor: _____ Supervisor's phone #: (____) _____

Job site address: _____

Alternative job site address: _____

Location of business you work for: _____

Service area of business: _____

When did you start working there: _____ Phone number of the business: _____

When were you last paid: _____ How were you last paid: _____

Are you covered by an accident and health insurance policy? YES NO

Company Name and Number: _____ Policy #: _____

Work Days (circle): Mon Tue Wed Thur Fri Sat Sun

Hours Begin: _____ AM/PM Hours End: _____ AM/PM (If rotation provide schedule)

***You must provide proof of hours worked, speak with Human Resources and get a print out of hours worked. If rotation schedule – YOU must provide this prior to leaving for work and one week in advance

The information I have provided is the truth to the best of my knowledge and I understand that if I have knowingly provided false information my work release will be terminated.

Inmate Signature: _____ Date: _____

RENVILLE COUNTY JAIL
SELF-EMPLOYMENT
QUESTIONNAIRE

Complete this section *ONLY* if you *ARE* self-employed

What is the name of your business: _____

What is the address of your business: _____

How many employees do you employ: _____ What is your MN tax ID # MN- _____

Workers Compensation Insurance company: _____ Policy# _____

When did you last file a quarterly tax statement: _____

Are you a licensed contractor in your profession: YES NO

Type: _____ License #: _____

What is annual gross income for your business? _____

Where are the financial records for your business kept? _____

The information I have provided is the truth to the best of my knowledge and I understand that if I have

knowingly provided false information my work release will be terminated.

Inmate Signature: _____ Date: _____

You must attach your last two quarterly tax return and any 1099 tax forms you were issued for the previous year. If your business is new, attach a MN tax number certificate.

BRING ALL NECESSARY PAPERWORK WITH YOU TO PROVE THAT YOUR BUSINESS IS LEGAL – YOU WILL

**NOT BE ALLOWED WORK RELEASE UNLESS YOU CAN PROVIDE PROOF OF SELF-
EMPLOYMENT WITH TAX DOCUMENTATION, ETC.**

TRANSPORTATION INFORMATION

TO BE COMPLETED ONLY IF YOU ARE DRIVING YOURSELF TO AND FROM WORK

Your Name: _____ D.L. # _____

Insurance Company: _____ Policy #: _____

Policy Expiration Date: _____ Insurance Company Phone Number: _____

Driver's Signature: _____ Date: _____

VEHICLE INFORMATION

TO BE COMPLETED ONLY IF THIS IS YOUR VEHICLE BEING USED

Vehicle Make: _____ Vehicle Model: _____ Vehicle Year: _____

Vehicle Color: _____ Plate #: _____ Plate Expiration: _____

Proof of Insurance: Policy # _____ Insurance Company _____

You must bring in your current valid insurance card so we can obtain a photocopy.

Remember your work release will be revoked if you are a non-licensed driver and are caught driving

Your ride must come to the jail and press the call button by the Huber entrance in order for you to leave for work.

WORK SCHEDULE REQUEST

Complete work schedules for your next work week.

Schedules **MUST** be turned in by noon each Wednesday.

Schedules should be based on a Sunday through Saturday Week.

If staff does not have the schedule posted, **you will not be released for work! PHOTOCOPY ADDITIONAL PAGES IF NEEDED.**

NAME: _____ DATE: _____

PHONE NUMBER WHERE YOU CAN BE REACHED: _____

YOUR SCHEDULE IS NOT ALLOWED TO CHANGE FROM YOUR INITIAL PAPERWORK, THIS WILL BE FILLED OUT FOR DAILY CHECK IN AND OUT

INMATE SIGNATURE: _____

COMMENTS: _____

SUNDAY ____/____/____ START:____AM/PM FINISH:____AM/PM
WILL YOU NEED A BAG LUNCH? YES NO DOES THE WORK SITE CHANGE: YES NO IF YES LIST BELOW

MONDAY ____/____/____ START:____AM/PM FINISH:____AM/PM
WILL YOU NEED A BAG LUNCH? YES NO DOES THE WORK SITE CHANGE: YES NO IF YES LIST BELOW

TUESDAY ____/____/____ START:____AM/PM FINISH:____AM/PM
WILL YOU NEED A BAG LUNCH? YES NO DOES THE WORK SITE CHANGE: YES NO IF YES LIST BELOW

WEDNESDAY ____/____/____ START:____AM/PM FINISH:____AM/PM
WILL YOU NEED A BAG LUNCH? YES NO DOES THE WORK SITE CHANGE: YES NO IF YES LIST BELOW

THURSDAY ____/____/____ START:____AM/PM FINISH:____AM/PM
WILL YOU NEED A BAG LUNCH? YES NO DOES THE WORK SITE CHANGE: YES NO IF YES LIST BELOW

FRIDAY ____/____/____ START:____AM/PM FINISH:____AM/PM
WILL YOU NEED A BAG LUNCH? YES NO DOES THE WORK SITE CHANGE: YES NO IF YES LIST BELOW

SATURDAY ____/____/____ START:____AM/PM FINISH:____AM/PM
WILL YOU NEED A BAG LUNCH? YES NO DOES THE WORK SITE CHANGE: YES NO IF YES LIST BELOW

COMMENTS:

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COMMENTS:

REMOVE THIS SECTION AND RETAIN AS YOUR COPY OF THE RULES AND REGULATIONS YOU MUST FOLLOW

KEEP THIS SECTION FOR YOUR RECORDS

RENVILLE COUNTY JAIL WORK RELEASE CONTRACT

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- _____24. I agree to abide by all state and federal criminal laws.

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