

## Adult Offender Work Program Under 5 Day Program

**Case#:** \_\_\_\_\_

**Name:** \_\_\_\_\_

The Adult Offender Work Program (AOWP) is a jail alternative program administered by the Marin County Probation Department. California law allows an individual to receive one day jail credit for every 8 hours of manual labor performed for a non-profit agency.

The work is physical labor and all participants should expect to work an eight hour day. Work is available at a variety of locations throughout Marin and on varying days of the week including weekends. AOWP staff will assign participants to work locations based on schedule availability, transportation needs and best fit for participant skills. We do accept some medical accommodations for light duty work.

To participate in the AOWP 5 and Under Program, participants must:

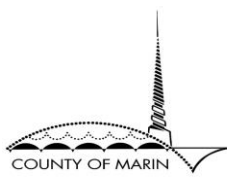
- Be sentenced to 5 days or less of custody time (all cases and counts combined)
- Have a future remand date
- **Complete the attached program application and agreement form**
- Pay the non-refundable program fee of \$50
  - If making full payment is a financial hardship you may be eligible for a payment plan or fee reduction/waiver.
  - To request a financial waiver please check appropriate box on application agreement form, complete optional financial form and turn in with your application form.
- If you are applying to AOWP from another county (courtesy case) you must provide contact information for your sending county at the time of your orientation.

Your scheduled orientation day is **/    /** please report to room 259 between the hours of **11:30-2:00pm** to meet with staff and finalize enrollment in the program.

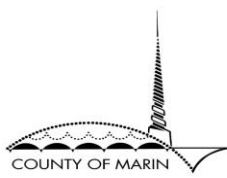
If you miss your scheduled orientation appointment it is up to you to reschedule your orientation so that it occurs no less than 96 hours (4 business days) before your remand date.

**If you do not complete enrollment process and appear on remand date with provided "Book and Release" paperwork you may be subject to unplanned jail time.**

Please contact Norma Christensen if you need to reschedule orientation date or with any questions.  
Phone 415-473-6635 Fax 415-473-3787



**Adult Offender Work Program**  
**Under 5 Day Program**



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**Program Application – Orientation will be scheduled two weeks following receipt of this form:**

Case number: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Full Name \_\_\_\_\_

Mailing Address : \_\_\_\_\_

Physical Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phones: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Message: \_\_\_\_\_

What will be your transportation to the Work Sites (all sites are in Marin County)? \_\_\_\_\_

Occupation and/or Skills: \_\_\_\_\_

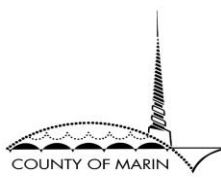
What day(s) of the week are you available to work \_\_\_\_\_

Do you have any physical limitations that would prevent you from doing MANUAL labor for 8 hours a day?  Yes  No If YES, describe it: \_\_\_\_\_

\_\_\_\_\_

Are you currently under a doctor's care?  Yes  No If YES, describe it: \_\_\_\_\_

\_\_\_\_\_



## Adult Offender Work Program Under 5 Day Program

### Program Application Agreement:

Case#: \_\_\_\_\_

Name: \_\_\_\_\_

### I AM APPLYING FOR THE ADULT OFFENDER WORK PROGRAM, AND I UNDERSTAND THE FOLLOWING (Please initial each line)

I understand that the AOWP staff will determine the number of days of work that I must perform to complete my sentence, based on the court order and custody credits that I have earned. If it is determined that I have more than 5 AOWP workdays on a single case - or from an additionally sentenced case additional \$50 application fee of \$50 will be due and a daily program fee of \$15 for every AOWP workday.

I understand that I must meet in person with AOWP staff to go over the AOWP rules, timesheet preparation, and to receive the necessary paperwork in order to be released from custody at the time of my court remand date/completion of any mandatory custody time.

I understand that I must report any physical injuries, illnesses or limitations, that might affect my ability to do physical labor, and that I will be required to provide medical documentation as directed by AOWP staff.

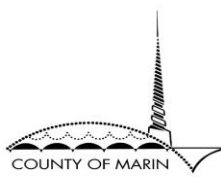
There is a non-negotiable application fee of **\$50.00**, which is due prior to receiving your packet:

- I certify that I am aged 21 or below
- Pay now
- Pay on your orientation day
- I'd like to be considered for financial relief (attach financial form)

FALSIFICATION OF INFORMATION IN THIS FORM MAY BE CAUSE TO REJECT YOUR APPLICATION

I certify that the above information is true and complete.

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



### Adult Offender Work Program Under 5 Day Program

**Program Payment Form:**

**UNDER 5 PROGRAM INVOICE**

**Case#:** \_\_\_\_\_

**Name:** \_\_\_\_\_

A non-refundable program fee of **\$50.00** is required to be paid before you will be fully enrolled in the AOWP Under 5 program. Payment of this fee will allow us to provide you with your "Book and Release" form that the Sheriff will require on your remand date. Failure to appear on your remand date with proper paperwork can result in your being remanded into custody or a bench warrant for your arrest.

If payment of the full application fee prior to program start causes financial hardship, please check this box and request a financial information sheet to attach to your application. A payment plan/reduction in fees will be discussed on your return date.

**I AM APPLYING FOR THE ADULT OFFENDER WORK PROGRAM, AND I UNDERSTAND THE FOLLOWING  
(Please initial each line)**

The \$50 application fee is being assessed for the preparation of documents for my AOWP case. I understand that this is non-refundable.

I understand that payment of the program fee does not satisfy program requirements and it is my responsibility to complete program enrollment by meeting in person with AOWP staff to receive assignment and go over the program rules, and to receive my book and release form.

I understand that it is my responsibility to appear on my remand date with provided book and release paperwork, even if accepted into the AOWP program. I understand that failure to appear may result in a warrant being issued for my arrest.

For more information, please call 473-6687 or 473-6599

<i>Probation Staff Section</i>		
<input type="checkbox"/> Payment Received In Full	Date: _____	Cashier: _____
<input type="checkbox"/> Payment Plan	Payment Amount: _____	Frequency: _____
<input type="checkbox"/> Payment Waived	Authorized by: _____	