

Work Re-Entry Program Referral & Eligibility Form

Defendant Name: _____ DOB: _____

Address: _____ SSN: _____

Current Location: _____

Current Bristol, VA Charges (list court, case numbers & VCC numbers): _____

Charges Pending in ANY Other Jurisdiction: Yes No

If yes, list jurisdiction and charges: _____

Driver's License: Yes No Alternate Transportation? Yes No

Active Probation: Yes No If yes, what jurisdiction: _____

Receiving or Eligible to Receive SSI/Disability Payments Prior to Incarceration: Yes No

Pending Employment: Yes No If yes, complete information below:

Employer Name: _____ Start Date: _____

Address: _____ Phone: _____

Hiring Supervisor's Name: _____

Defendant Acknowledgement

I, _____, hereby acknowledge that I request consideration for acceptance into the City of Bristol, VA Work Re-Entry Program and that I have read and understood the Program Requirements (see attached). I also acknowledge that if I am accepted into the program that I will waive my right to counsel for the duration of the program as well as my Fourth Amendment rights regarding search and seizure, and the right to confront witnesses and evidence used against me in the program. I also acknowledge that if deemed ineligible, I will not be provided with or request any explanation for such decision. I swear or affirm that the information contained in this form is true and accurate to the best of my ability and I understand that providing false statements on this form may be a violation of §18.2-434 of the 1950 Code of Virginia, as amended.

Defendant Signature

Date

Referring Party Signature & Title

Date

Office Use Only

Eligible Ineligible

Date: _____

Initials: _____

Work Re-Entry Program Requirements

1. The defendant must be eighteen (18) years of age.
2. The defendant must have reliable transportation.
3. The defendant must be able to stand, bend, squat, and lift up to 40 pounds.*
4. The defendant must be able to tolerate outdoor working conditions.*
5. The defendant will be required to wear a GPS tracking device and will be responsible for its care and condition. Replacement fees will be assessed for damage.
6. The defendant will be assessed a monthly program fee of \$300.00 (\$10.00 per day). Failure to pay will result in termination from the program.
7. The defendant will be ineligible if he/she is currently charged or has been previously convicted with an act of violence as defined in Section 19.2-297.1 of the 1950 Code of Virginia, as amended.
8. The defendant will be ineligible if he/she is currently charged or has been previously convicted of any sexually-based offense.
9. The defendant will be ineligible if he/she is currently charged or has been previously convicted of assault on a law enforcement officer in this or any other jurisdiction.
10. The defendant may be ineligible if he/she is currently charged or has been previously convicted of any offense involving a weapon in this or any jurisdiction.

All referrals to the Work Re-Entry Program are to be made in writing using the Referral & Eligibility Form. Eligibility for the program is NOT a guarantee of acceptance into the program.

Release into the program is conditioned upon both completion of the defendant's active term of incarceration and ***the availability of an open spot in the program*** . Defendants may not be released immediately upon completion of his or her term of incarceration.

* For purposes of working community service while searching for employment.