



## CROW WING COUNTY SHERIFF'S OFFICE

Office of Eric Klang, Sheriff

### JAIL DIVISION

313 Laurel St  
Brainerd, MN 56401  
P: 218-822-7050  
Fax: 218-822-7057  
[crowwing.us](http://crowwing.us)

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

Time: 9:00 AM

### When do I report to jail?

The court will inform you at your sentencing, of the date and time that you must report. If you are not informed, or forget, contact Court Administration at 218-824-1310 as the jail does not always have the paperwork prior to your report date. If you have a problem with reporting for jail on the date indicated by the court, you need to bring a formal motion through your attorney before the sentencing Judge. Your report date and time cannot be changed by the jail or court personnel, and only the sentencing Judge can make this change. You are expected to report to jail on time and not under the influence of drugs or alcohol.

**If you fail to report on time, or under the influence of intoxicants, you will be subject to loss of STS and Work Release privileges.**

#### 1. Where do I report?

The jail is located at 313 Laurel Street, Brainerd, Minnesota. Report to the north door labeled "Inmate Release and Return." Press the intercom button inside the lobby to notify jail staff you are reporting.

#### 2. What fees do I have to pay?

All inmates are charged a \$25.00 booking fee when you are booked into jail. All sentenced Crow Wing County inmates will be charged a \$25.00 Pay for Stay fee for each day in custody. These charges will accrue and you will be billed upon your release. Huber Work Release inmates must stay current on the \$175 weekly fee and will not be billed upon release. In addition, sentenced inmates who will be in jail for 14 days or more must have a Mantoux (tuberculosis) test. The cost of the test is \$10.00. If you are participating in Huber Work Release or STS, you will be required to pay \$40.00 for a drug screen up front and \$5.00 for each request to submit to testing thereafter.

#### 3. What if I have a job or am interested in Sentence to Service (STS)?

The sentencing judge can authorize you to serve your sentence with work release privileges, but you must meet the qualifications set forth by the Crow Wing County Jail. To help with this process, pick up a Huber Work Release or STS packet at the reception desk of the jail or on the county website at [www.crowwing.us](http://www.crowwing.us). **COMPLETE THE PACKET AND RETURN IT TO THE CROW WING COUNTY JAIL NO LATER THAN FIVE WORKING DAYS BEFORE YOUR REPORT DATE. FAILURE TO DO SO COULD RESULT IN A DELAY OF YOUR WORK RELEASE PRIVILEGE.** A \$40.00 drug test is required and must be negative before you will be allowed to work or do STS. You WILL work off all base fines at the rate of \$6.00 per hour, and Pay for Stay at a rate of \$50.00 per day, based on a full day on STS, BEFORE you are allowed to work off jail time.

#### 4. What about my personal property?

The jail will supply clothing, bedding, and hygiene items. All personal property will be inventoried and stored for you. You should bring a minimum amount of personal property with you when reporting to jail. If you are a student, school books will be reviewed on an individual basis. If you are on the STS or Huber Work Release program you are allowed three sets of clothes. If you require prescription medication, you must bring in a current bottle of the medication appropriately labeled. This will be verified with your pharmacy or physician and referred to the jail physician for a continuation order while you are incarcerated.

#### 5. What if I need further assistance?

More information can be found at the Crow Wing County website [www.crowwing.us](http://www.crowwing.us) or contact Programs Staff at 218-822-7050.

## **CROW WING COUNTY JAIL CONDITIONS AND REQUIREMENTS FOR HUBER WORK RELEASE**

### **A. GAINFUL EMPLOYMENT**

1. If employed by a business:
  - a. It must keep payroll tax information
  - b. You must provide proof of this through current check stubs or payroll receipts which indicate withholding or payroll taxes
  - c. It must supply us with a copy of the cover sheet of their current workers compensation insurance
  - d. You will be allowed ONE full-time employer not to exceed 60 hours (including travel time) or six days a week. The work week runs Sunday through Saturday
2. If self-employed:
  - a. You must demonstrate the legitimacy of your business by:
    - Presentation of last year's business or tax records
    - Current legal contracts
    - List of current clients (clients will be contacted for verification)
  - b. You must provide proof of a current accident and health insurance policy that covers you for the length of your stay. If you have employees, you will be required to have worker's compensation insurance
  - c. You will be required to be hooked up to a GPS monitor and remain current on fees

### **B. EMPLOYMENT THROUGH TEMPORARY AGENTS OR FAMILY MEMBERS**

1. You will not be allowed to work for a temporary agent if they cannot provide you with steady work.
2. If employed by family, payroll tax deductions must have been made one or more months before you came to jail

### **C. IF YOUR WORK LOCATION IS MORE THAN 40 MILES FROM BRAINERD**

1. You will need the prior approval of the Jail Administrator

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

1. You will be required to furnish a detailed map of the location prior to leaving the jail
2. If you change job sites during the day, you will be required to call the jail at 822-7050 with directions to your new site

### **E. UNACCEPTABLE EMPLOYMENT IS**

1. Working for cash (no payroll records)
2. Short term work through temporary service or family
3. Self-employment with no documented records
4. Serving a sentence less than 5 days jail time

### **F. IF YOU ARE ATTENDING SCHOOL**

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

### **G. IF YOU HAVE OUTSTANDING CROW WING COUNTY JAIL FEES**

1. You will not be allowed to work on the Crow Wing County Jail Huber Work Release Program.
  - a. These fees include, but are not limited to: Work Release, Housing, UAs, Medical & Booking Fee

## **CROW WING COUNTY HUBER WORK RELEASE FEES**

### **Huber:**

- \$25 Booking Fee
- \$5 Card Fee (refunded upon release)
- \$10 Mantoux Fee
- \$40 for a UA
- \$25 per day for Pay for Stay fees.
  - o Pay for Stay fees will be taken weekly and must be paid a week in advance.

**Example:** At time of booking, fees will be taken for the remainder of the week. By the following Monday, fees will be taken for that week

- o You cannot be late on any Pay for Stay payments or will be held in from work.
- o Will also need to have a zero balance for any days previously sat on the current charge.
  - You will not leave the jail with a Pay for Stay bill.

### **GPS for Huber:**

All Huber fees mentioned above apply with GPS, plus the following:

- A GPS unit will be required for anyone with a current sex offense, self-employed, or any current violent conviction. Determination will be based on Jail Administration.
- The cost is \$5.50 per day for the GPS device
  - o Two weeks of advance payment is required prior to start of program

### **Out of County Huber:**

- \$25 Booking Fee
- \$5 Card Fee (refunded upon release)
- \$10 Mantoux Fee
- \$40 for a UA
- \$75 Pay for Stay fee per day, for sitting for another county sentence
  - o Payment due at time of booking
- \$25 Huber fee for the days you work while in custody
  - o Must have first 2 weeks payments/fees paid upon initial booking
  - o Pay for Stay and Huber fees will be taken weekly and must be paid a week in advance

**At no time will you be allowed to get behind on any of these fees. Failure to stay current will mean suspension of your Work Release/School Program until you are paid up in full. A copy of your pay stub must be submitted to the Programs Staff on every payday.**

## **ELIGIBILITY REMINDER**

Eligibility for the Crow Wing County Work Release Program may be denied because of holds from other agencies, distance to your job site, lack of employer supervision, inability of Programs Staff to verify job attendance or sites, transportation problems, history of noncompliance during previous commitments, failure to report for previous commitments, serving a sentence less than 5 days, or other relevant factors.



## CROW WING COUNTY JAIL HUBER WORK RELEASE CONTRACT

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last, First, Middle)

**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 program. Treat jail staff and other inmates how you would expect to be treated.**

**Having been granted work release privileges during my sentence at the Crow Wing County Jail, I agree to the following terms. My initials next to each term below acknowledge that I have read and understand them.**

- \_\_\_\_\_ 1. Work release or community service privileges are allowed at the discretion of the Crow Wing 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, booking fees, U.A. fees, and medical fees.
- \_\_\_\_\_ 2. I must submit to an entry-level drug screen prior to being released for any work or treatment program. This will be at my own expense and the cost is \$40.00. I will be subject to random testing at the discretion of the Programs Staff and a reading higher than my entry-level drug screen will mean immediate termination of my work program. I am also responsible for the cost of this testing. Failure to pay for these drug screens could result in suspension of my work program or a delay in my release from jail. As of February 1, 2008, if my test results are positive I will not be allowed to participate in my work program until my results are negative. Retesting will be done at the discretion of the Programs Staff and at my expense. A copy of my positive test will be forwarded to the probation office.
- \_\_\_\_\_ 3. If I will be in jail more than 14 days, the Department of Corrections mandates that I am tested for tuberculosis. I will be responsible for the cost of \$10.00 for this test. If the results indicate that I need to see a physician, it will be at my own expense.
- \_\_\_\_\_ 4. While on work release, the only privilege I am allowed is to go directly to work, participate in work, and to return directly from work. If my work sites vary, I will submit a detailed map of the site I will be at, and will tell the Jail Staff where I will be when I leave the jail in the morning. If I change sites during the day, I will call and inform the Jail Staff of the new location and provide a detailed map when I return to jail. If my job requires that I leave the work site, it must be approved by Programs Staff before leaving. The phone number to call for any location changes is **218-822-7050**.
- \_\_\_\_\_ 5. While on work release, I am responsible for my own meals. Acceptable meals include drive-thru restaurants and/or local gas stations. Sit down meals are not allowed. I am also required to notify Jail Staff of where I am going to eat and when I return.
- \_\_\_\_\_ 6. I am not allowed to work outside of a 40 mile radius of the Crow Wing County Jail. Special circumstances or situations will be submitted in writing and approved by Jail Administration before I am released to work.
- \_\_\_\_\_ 7. After I am booked into jail, I am not allowed to bring cash into the jail facility. I must use the kiosk in the jail lobby for depositing all funds.

- \_\_\_\_\_ 8. In order to participate in the work release program, I will provide staff with proof that I am covered by worker's compensation insurance, or my own accident and health insurance.
- \_\_\_\_\_ 9. As of March 1, 2008, I will pay \$25.00 for every day I am in custody and understand that I will be expected to have money in my account weekly to pay for Work Release/Pay for Stay. The jail accepts cash, money orders, or cashier checks only. Payments will be automatically withdrawn from my account. If sufficient funds are not being deposited into my account, I understand that I will not be allowed to continue to work. At no time will I be allowed to get behind in my payments. I also understand that if my payments are not current on my release date, I will lose good time until it is paid or until my good time is exhausted.
- \_\_\_\_\_ 10. I may not 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 60 HOURS, INCLUDING TRAVEL TIME.*** Weeks run Sunday through Saturday.
- \_\_\_\_\_ 11. Working the following holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Christmas Eve and Christmas will need to be authorized by the Jail Program Sergeant. Working any other holidays will require verification from my employer.
- \_\_\_\_\_ 12. I agree to notify Programs Staff of my scheduled days and hours on a weekly basis by completing the schedule sheets provided. If my schedule changes during the week, I will notify Programs Staff immediately. I will submit my work schedules by noon on Wednesdays for the following week, unless other arrangements have been made with Programs Staff. Failure to provide my schedule by Wednesday at noon can result in my removal from the work release program for the following week.
- \_\_\_\_\_ 13. I agree to keep paycheck stubs and provide them to Programs Staff on EVERY payday. I understand that the Jail does not accept payroll checks and that I am responsible for cashing my payroll checks and will notify Programs Staff when doing so.
- \_\_\_\_\_ 14. Programs Staff may make periodic checks at my work site or may visit my supervisor to verify that my work schedule is being followed. If I am not following the schedule provided to Programs Staff or there are discrepancies in my work hours, I will have my work release privileges suspended or revoked, pending review.
- \_\_\_\_\_ 15. I agree not to use any intoxicants or illegal substances while participating in the work release program. Any refusal to submit to testing will mean an immediate termination of my work release privileges.
- \_\_\_\_\_ 16. I am responsible for any and all medical expenses while I am participating in the work release program.
- \_\_\_\_\_ 17. I will be allowed to make my own medical appointments. Requests to attend these appointments will be submitted to Programs Staff for approval. I will be required to call the jail when I leave work to go to the appointment, call again when I return, and provide Programs Staff with proof that I attended the appointment.
- \_\_\_\_\_ 18. I agree not to make any unauthorized stops or telephone calls, or have visitors come to my work site while out of jail on work release.
- \_\_\_\_\_ 19. I am expected to provide a valid driver's license and current proof of insurance. If I have others transport me to or from work, a copy of their driver's license and insurance, as well as the Authorization for Release of Private Data form (included in packet) will be provided BEFORE I ride with them. I agree to notify Jail or Programs Staff prior to making any changes in transportation.

- \_\_\_\_\_ 20. I understand I am required to wear the jail wristband at all times. If I break or damage it while I am working, I will return it to the jail. I also understand that my TEAM account will be charged \$5.00 for its replacement.
- \_\_\_\_\_ 21. 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.
- \_\_\_\_\_ 22. I agree to make my bunk and clean my personal area daily before leaving for work. I will participate in all scheduled cleaning of the commons areas when my work schedule allows.
- \_\_\_\_\_ 23. Any violation of this contract, rules and regulations of the Jail, or Minnesota Criminal or Traffic Law will result in suspension or termination of my work release program. A major violation may also mean the loss of my accumulated good time.
- \_\_\_\_\_ 24. I understand that smoking is prohibited on Crow Wing County grounds.

Please list any medications you will be taking while out of the facility. Please contact medical staff at **218-822-7063** to discuss any concerns you may have on what is/is not allowed.

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Inmate Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Jail Programs Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Program Release Start Date: \_\_\_\_\_

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Their Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Employer: \_\_\_\_\_ How Long: \_\_\_\_\_

Job Title: \_\_\_\_\_ Wages: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Job Site Address: \_\_\_\_\_

Days Worked: \_\_\_\_\_ Hours Worked: \_\_\_\_\_

Travel Time Required from Facility to Job Site: \_\_\_\_\_ (one way)

**TRANSPORTATION INFORMATION**

Name of Driver(s): \_\_\_\_\_ D.L. #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Exp.: \_\_\_\_\_

**VEHICLE INFORMATION**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ Plate #: \_\_\_\_\_

Photo copy of Driver(s), Valid License, and Insurance Information on file:

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

## WORK SCHEDULE REQUEST

- Complete work schedules for your next workweek.
- Schedules **MUST** be turned in by noon each **Wednesday**.
- Schedules should be based on a Sunday through Saturday week.
- If Programs Staff does not receive a schedule, **you will not be released!**

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

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

After the date, write down your **ACTUAL** work hours. You will be released according to the travel time that you have been allowed by the Jail Program Director.

---

---

SUNDAY      \_\_\_\_/\_\_\_\_/\_\_\_\_      START: \_\_\_\_ AM PM      FINISH: \_\_\_\_ AM PM

---

MONDAY      \_\_\_\_/\_\_\_\_/\_\_\_\_      START: \_\_\_\_ AM PM      FINISH: \_\_\_\_ AM PM

---

TUESDAY      \_\_\_\_/\_\_\_\_/\_\_\_\_      START: \_\_\_\_ AM PM      FINISH: \_\_\_\_ AM PM

---

WEDNESDAY      \_\_\_\_/\_\_\_\_/\_\_\_\_      START: \_\_\_\_ AM PM      FINISH: \_\_\_\_ AM PM

---

THURSDAY      \_\_\_\_/\_\_\_\_/\_\_\_\_      START: \_\_\_\_ AM PM      FINISH: \_\_\_\_ AM PM

---

FRIDAY      \_\_\_\_/\_\_\_\_/\_\_\_\_      START: \_\_\_\_ AM PM      FINISH: \_\_\_\_ AM PM

---

SATURDAY      \_\_\_\_/\_\_\_\_/\_\_\_\_      START: \_\_\_\_ AM PM      FINISH: \_\_\_\_ AM PM

---

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

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## EMPLOYER WILLINGNESS TO PARTICIPATE

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

Company Name/Employer: \_\_\_\_\_

Company/Employer Address: \_\_\_\_\_

Company/Employer Telephone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_ How Often Paid? \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Regularly Weekly Hours of Work: \_\_\_\_\_

Regular Days of Work: \_\_\_\_\_

Job Site where Employee will be working: \_\_\_\_\_

I understand that this employee will be participating in the Crow Wing County Jail Work Release Program. He/she is authorized to go directly to his/her place of work and to return directly to the Crow Wing County Jail after completing work. Anyone transporting this employee to and from work must have their driver's license and proof of auto insurance on record with Jail Programs staff. Any change in job sites must be reported prior to the individual changing sites. I also understand it is the responsibility of the individual, not the employer, to notify the Programs Staff. I agree to cooperate with the Crow Wing County Jail by allowing work attendance verification, which will be performed by a Jail Programmer. The employee will also be required to provide a copy of their time card or pay stubs on every pay day.

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

Employer: If you have any questions or comments, please contact Bo Jedinak, Program Sergeant, at (218) 822-7067, Chris Saicoe, Jail Programmer, at (218) 822-7066, or Amber Nornberg, Jail Programmer, at (218) 822-7065.

**Note: Any requests for changes in work schedules must be submitted on company letterhead to Programs Staff for approval.**

**CROW WING COUNTY JAIL  
SELF-EMPLOYMENT QUESTIONNAIRE**

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

Name of Business: \_\_\_\_\_

Location of Business: \_\_\_\_\_

Service Area of Business: \_\_\_\_\_

---

---

1. When did you start your business? \_\_\_\_\_

2. Is your business listed in the telephone directory as a business? **YES** **NO**

3. List any advertising used for the business: \_\_\_\_\_

4. Where are the financial records for your business kept? \_\_\_\_\_

5. Does your business have a separate checking account? **YES** **NO**

6. What is the annual income of your business? \_\_\_\_\_

7. When were you paid last? \_\_\_\_\_

8. How were you paid last? \_\_\_\_\_

(i.e.: company draw, commission, job completion)

9. How many employees do you employ? \_\_\_\_\_

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

If yes, Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

11. Do you have liability insurance? **YES** **NO**

If yes, Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

12. Does your business carry Worker's Compensation Insurance? **YES** **NO**

If yes, Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

13. What is your business Tax Identification Number? \_\_\_\_\_

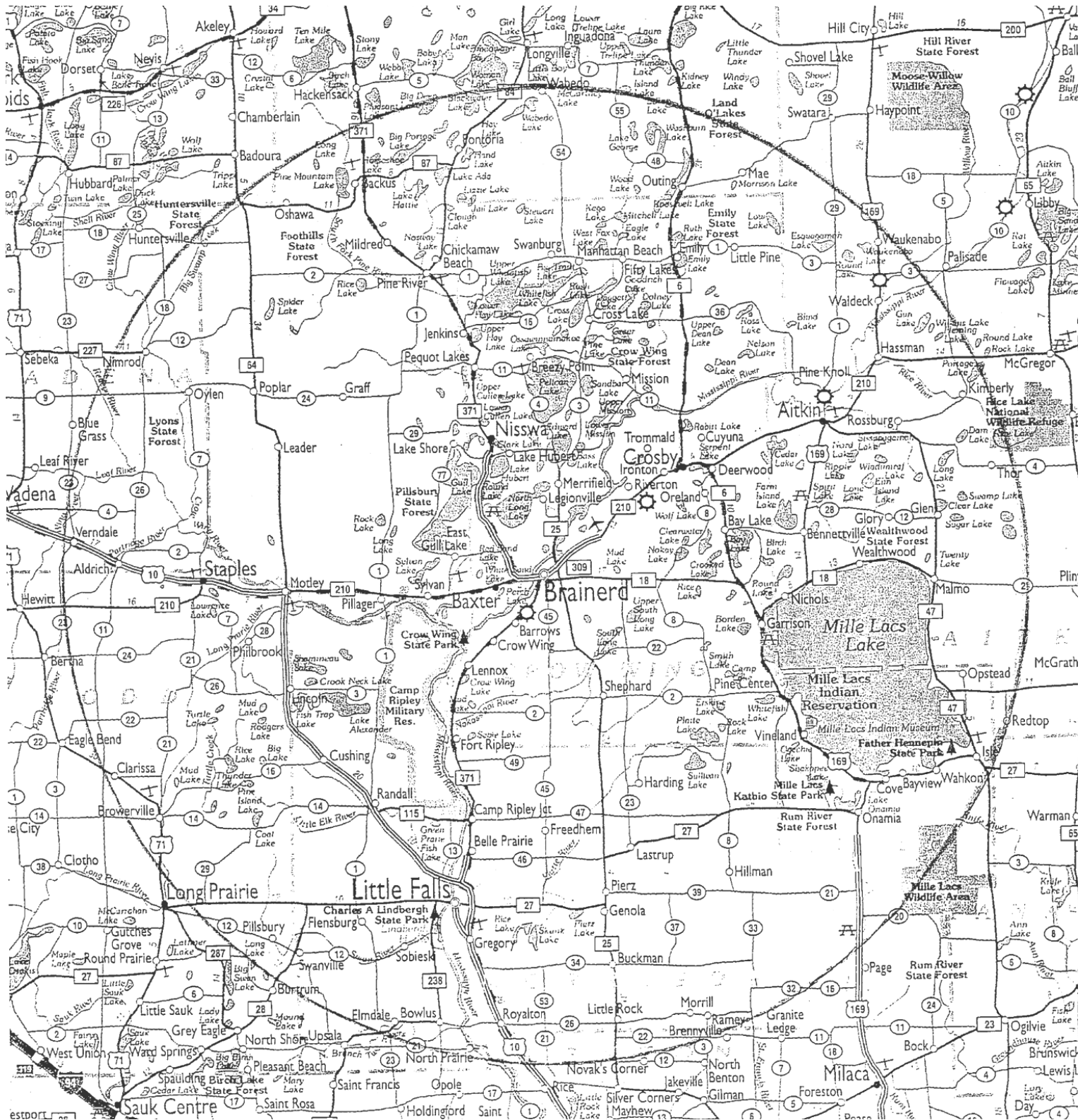
14. When did you last file a Quarterly Tax Statement? \_\_\_\_\_

15. Are you a licensed contractor in your profession? **YES** **NO**

If yes, type: \_\_\_\_\_ License #: \_\_\_\_\_

**Bring all necessary paperwork with you to prove that your business is legal.**

FOR WORK RELEASE (HUBER)



# \* Example of Work Comp Liability Insurance \*



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Phone:	CONTACT NAME:	
	Fax:	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED		INSURER A :	
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

### COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\* This is MANDATORY for Work Release!

### CERTIFICATE HOLDER

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



## CROW WING COUNTY SHERIFF'S OFFICE

Office of Eric Klang, Sheriff

### JAIL DIVISION

313 Laurel St  
Brainerd, MN 56401  
P: 218-822-7050  
Fax: 218-822-7057  
crowwing.us

### AUTHORIZATION FOR RELEASE OF PRIVATE DATA

Data Request by Data Subject

**\*\*\*\*THIS FORM IS ONLY NEEDED IF YOU PLAN TO HAVE SOMEONE DRIVE FOR YOU\*\*\*\***

Data Subject Information (please print legibly):

Name: \_\_\_\_\_  
LAST FIRST MIDDLE SUFFIX AKA/MAIDEN

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Vehicle info: \_\_\_\_\_  
MM/DD/YYYY (for verification/schedule changes) PLATE # COLOR

I, \_\_\_\_\_, as the subject of private data as defined by the Minnesota Government Data Practices Act, authorize the Crow Wing County Sheriff's Office to release the following private data about me:

- ☐ SUMMARY OF INVOLVEMENTS  
☐ DETAILED INCIDENT REPORTS  
☐ DETENTION DATA  
☐ STATE ACCIDENT REPORT (INCIDENT NUMBER): \_\_\_\_\_  
☐ INCIDENT NUMBER(S): \_\_\_\_\_  
☒ OTHER: Driver Vehicle Service (Driver License & Vehicle Check)  
☐ INCLUDE JUVENILE DATA

This authorization allows the following to receive the private data about me pursuant to this authorization:

- ☐ MYSELF ☒ OTHER: **Name/Agency:** Crow Wing County Sheriff's Office – Jail Division  
**Address:** 313 Laurel Street, Brainerd MN 56401  
**Fax:** 218-822-7069 **Phone:** 218-822-7050

I may revoke this authorization at any time before it is presented and responded to. I understand that any revocation must be in writing and delivered to the entity authorized to release the private data about me. This authorization shall automatically expire one year after the date listed below.

*If your request is not made in person, you must sign below in the presence of a Notary Public.*

\_\_\_\_\_  
Signature of Data Subject (or Parent/Guardian) Date

State of \_\_\_\_\_, County of \_\_\_\_\_,  
on \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Personally appeared before me to be the signer of this document

\_\_\_\_\_  
Signature of Notary Public My commission expires

FOR OFFICE USE ONLY ID verified ☐ By: \_\_\_\_\_ Date: \_\_\_\_\_

1. In order to be an approved driver for an inmate, we are required to do a driver's license check to ensure you are a valid driver. We also verify your vehicle information to ensure you are driving a properly insured vehicle.
2. Please complete the reverse side of this form (Authorization For Release of Private Data) so we can approve you as a driver for an inmate.
3. Not having this form completed may delay your approval to drive an inmate to and from work.
4. Please submit this form to the jail programs staff, with a copy of your driver's license and proof of insurance for your vehicle you intend to use to:

**Crow Wing County Jail  
Attn: Programs  
313 Laurel Street  
Brainerd, MN 56401**