

Midweek/Workender Office
216 W Center St
Juneau, WI 53039
(920)386-3949 or (920)386-3211

Midweek/Workender Application

Name: _____ D.O.B: _____ JID: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone #: _____ Cell #: _____

What is your current charge/s? : _____

What is your scheduled report date: _____

What is the length of your sentence? : _____

Do you have any charges pending? : Yes No If yes list charges and where: _____

Are you available to perform Community Service? : Yes No

If yes what days are you available? : Monday Tuesday Wednesday Thursday Friday Saturday Sunday
(Circle days available)

Are you currently employed? : Yes No Work Hours: _____

If yes who is your employer? : _____

Do you have reliable transportation? : Yes No

Do you have any disabilities or special medical conditions? : Yes No

If yes, explain: _____

Are you currently taking any prescribed medication? : Yes No

If yes, what medication/s? : _____

Are you on Probation/Parole? : Yes No If yes, agent name: _____

I agree the above information is true and accurate. Any misleading information will result in me being disqualified from the program and will result in disciplinary actions against me. I also understand that completion of this application DOES NOT guarantee that I will be accepted to the Midweek/Workender Program.

Inmate Signature: _____ Date: _____

Receiving Officer: _____ Date: _____