

HUBER LAW FAMILY/CHILDCARE INFORMATION SHEET

INMATE NAME: _____ DATE: _____

- | | | |
|----|-----------------------------------|-------|
| 1. | NAMES OF CHILDREN BEING CARED FOR | AGE |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

2. ADDRESS WHERE CARE WILL OCCUR _____
- LAND LINE PHONE NUMBER AT THIS ADDRESS _____

_____ 3. Provide Copies of Children’s Birth Certificate noting the inmate is a parent of the child.

_____ 4. If applicable, provide copy of a Court Order indicating the inmate has custody of the child or is the legal guardian of the child.

_____ 5. Provide proof that the requested family/childcare is necessary. Such proof will consist of the following:

_____ • A letter submitted by the inmate’s spouse or family member indicating the requested care is necessary, that the inmate had provided the necessary care in the past, and why another family member is unable to provide such care.

_____ • If the request is for childcare, provide a copy of your spouse’s work schedule submitted on company letterhead.

6. TIME OF REQUESTED CARE (HOURS) _____ M TO _____ M

TRANSPORTATION INFORMATION:

Will you be driving your own vehicle? YES/NO

If yes, list vehicle license number: _____

If no, list means of transportation: _____

DRIVER’S NAME: _____

DRIVER’S ADDRESS: _____

DRIVER’S PHONE NUMBER: _____

VEHICLE LICENSE NUMBER: _____

All multiple drivers or any change of transportation must be recorded on the reverse side with the authorizing correctional officer's initials and date.

Department Use Only:

10-28 on file: _____ 10-27 on file: _____ Vehicle liability insurance on file: _____

Comments: _____

Alcohol Assessment Complied With? Yes _____ No _____

Correctional officer verifying above information: _____

Reporting to the jail without properly completing these forms or providing proof of alcohol assessment may delay your release for work until the information is obtained and verified.