

YORK COUNTY PRISON – WORK RELEASE PRESCREENING

ycpworkrelease@yorkcounty.org

Fax: (717) 840 7416

DEFENDANT INFORMATION

Name:

DOB:

Social Security number:

Name of employer:

Supervisor name:

Employer phone number:

Normal work hours:

CASE INFORMATION

Case number(s):

Charges expected to plead to:

Expected sentence:

Attorney name and contact information:

YORK COUNTY PRISION DECISION

Work release is: approved approved if conditions are met denied

Conditions to be met before placement (if any):

Reason for denial:

If your attorney tells you that you are approved for the Work Release Program, you must call (717) 840 7470 to complete your application