



OFFICE OF THE WARDEN, WORK RELEASE CENTER

324 BLACKS BLUFF ROAD • ROME, GEORGIA 30161
PHONE: 706.236.2490 • FAX: 706.233.0049 • www.floydcountyga.gov

Alternate Driver & Finance Application

Offender name: _____ GDC Number: _____

Offender, indicate purpose of application: Alternate Driver Finances Initials: _____ Date: _____

The offender named above has requested that you be approved for alternate driver/finance privilege for him upon arrival at the Work Release Center. Prior to making the approval, we must first confirm the following information obtained from you. Failure to provide complete and accurate information may result in denial in your alternate driver/finance privilege.

Full Legal Name: _____ D.O.B. (mm/dd/yy): _____

Any other name(s) used including maiden name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to offender: _____ Sex: _____ Race: _____

Occupation: _____

Telephone Number: _____ Alternative Number: _____

Have you ever been convicted of a crime? Yes No If so, what is the nature of conviction(s)? Include all dates; city, state and sentence received (attach additional sheet(s) if necessary):

Are you currently on probation or parole? Yes No If so, what is your probation/parole officer's name, location and phone number:

Are you related to any offender(s) incarcerated with Georgia Department of Corrections, other than the one listed above?
 Yes No If so, give name, GDC#, institution, and relationship to each offender (attach additional sheet if necessary):

Do you correspond or visit with other offenders? Yes No If so, give name, GDC#, institution, and relationship to each offender (attach additional sheet if necessary):

FOR STAFF USE ONLY:

Approved Denied Received Date: _____

Staff: _____

Offender Notified Entered in Case Notes Entered Nothing found Approved on contacts

Date: _____

Decision Explanation:



I will be the alternate driver and the below listed vehicle will be used to transport offender (listed on this application only) to and from authorized locations. I understand that both I and the vehicle may be subject to search while on premises. Any illegal contraband found during a search may be used as evidence in ensuing legal action against me.

I understand that if I am to provide alternate transportation for this offender, that I am not allowed to take the offender anywhere except to and from the authorized location. I understand that I must take the resident straight from the Work Release Center (WRC) to the authorized location and authorized location back to the WRC on the return trip.

I further certify that I possess a valid driver's license and that the vehicle is adequately insured as required by the State of Georgia. I will provide a copy of all documents (license/insurance) to the WRC prior to being approved. I will be able to present this evidence to any member of the Floyd County Corrections or Work Release Center staff at any time. I fully understand that this privilege may be revoked at any time for any reason.

I understand that if an alternate vehicle (beside the one(s) listed) is used, that I will be required to complete the below listed information on the alternate vehicle before I will be allowed to operate it within the Guard Line.

If authorized for the finance process, I understand I will be provide finances from the resident through the special allowance process. I will not provide finances received to the resident.

Driver's License #: _____ State: _____ Expiration Date: _____

Make of Vehicle: _____ Model: _____ Year: _____

Color of Vehicle: _____ Tag Number: _____

Insurance Company /Policy # _____

Make of Vehicle: _____ Model: _____ Year: _____

Color of Vehicle: _____ Tag Number: _____

Insurance Company /Policy # _____

I, _____, understand that by requesting to be an alternate driver of a resident at this facility that a driving history check will be conducted as authorized by state and federal law.

Signature Date

Please check and attach all required documentation.

- Copy of Valid Driver's License
- Copy of Valid Insurance Card (for each vehicle)



This section only needs to be completed if you are *not immediate or extended family* (parent, sibling, child, grandparent, spouse, step-parent, step-sibling, brother/sister-in-law, aunt, uncle, cousin, half sibling, niece, nephew, or step-child) of the offender. Please feel free to attach additional sheets if needed.

Describe the nature of your relationship with this offender: _____

How long have you known this offender: _____ Prior to incarceration? Yes No

Where and how did the relationship develop? _____

Explain how your relationship with the offender will assist in and contribute toward his/her rehabilitation:

Documentation will only be accepted via mail.
ATTN: Administration
Floyd County Work Release Center
324 Blacks Bluff Road
Rome, Georgia 30161



Floyd County Work Release Center
Name Based Criminal History Information Consent/Inquiry Form

I, _____, understand that by requesting to visit an inmate at this facility that a criminal history background check will be conducted as authorized by state and federal law.

Full Legal Name: _____

Address: _____

Sex: _____ Race: _____ Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____

Signature: _____

Date: _____

****You MUST return the original signed form or the application will not be processed.**