

N.C DEPARTMENT OF CORRECTION
Work Release Program
Report on Aid Needed by Inmate's Dependents

To: Work Release Accounting
NC Department of Correction
4220 Mail Service Center
Raleigh, NC 27699-4220

County Case No. _____

The following information is submitted in response to your request:

1. Inmate's Name: _____

Inmate's 7-Digit DOC No. _____

2. Inmate's Dependents Consist of:

a. Wife/Husband _____

b. Children _____

c. Other Relatives _____

3. Does a Court Order exist in this county? YES _____ NO _____

If yes, please attach a copy of the court order, as payment cannot be disbursed without it.
If the answer is no, please complete paragraph 4 below

4. Has DSS determined dependency and need tied to public assistance? YES _____ NO _____

If yes, please provide the amount of payment this inmate should make in order to reduce or
eliminate the public assistance being provided: \$ _____

If the answer is no, please complete paragraph 5 below.

5. Should this inmate agree to voluntarily support his/her lawful dependents, what amount of

support, based on need, is recommended by DSS. \$ _____

6. Person to whom payment should be made (Not a Child) - Please Print Legibly

Name _____

Street Address _____

City/State/Zip _____

___ ___ County Number

Signed _____

County Case Worker

_____ County

Please Print Name Legibly

Date: _____

Telephone Number

Signed _____

Director

Note: Prepare in duplicate- Original to Work Release Accounting in Raleigh- Copy for County DSS files