

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

To: Administrative Officer
Work Release Accounting
N.C. Department of Correction
831 West Morgan Street
Raleigh, North Carolina 27605

County Case No. _____

The following information is submitted in response to your request:

1. Inmate's Name
< Inmate's DOC No. _____ 021 Add _____ >
2. Inmate's dependents consist of:
 - a. Wife:
 - b. Children
 - c. Other
Relatives
3. Does a Court order exist in the county: Yes _____ No _____
If yes, give date _____ and amount _____
Attach copy of the Court order, if available.
4. According to the criteria established by the Commission of Social Services for this purpose the inmate's dependents indicated above need < 044> \$ _____ . _____ a month.
5. Dependents to who payment should be made < not to a child > :

< 080> Name: _____

< 105> Address: _____

< 155> Address: _____

Signed: _____
Director of Social Services

< 205> _____ County Number _____ County

Date: _____

Note - Prepare in duplicate. Original to the Administrative Officer, Work Release Accounting. One copy for County DSS Files

ALL INFORMATION IN BRACKETS IS FOR DSS ACCOUNTING ONLY.