

INFORMATION FOR DELAYED SENTENCES

NAME: \_\_\_\_\_

CAUSE # \_\_\_\_\_

LENGTH OF SENTENCE: \_\_\_\_\_ Days  Concurrent  Consecutive

CREDIT FOR TIME SERVED: \_\_\_\_\_ Days  Jail to Determine  None

ELIGIBLE FOR CREDIT FOR TIME SERVED AT OWI WEEKEND PROGRAM  
(Defendant shall present Certificate of Completion to Jail prior to Mittimus date)

ELIGIBLE FOR WORK RELEASE FROM JAIL (If approved by Sheriff)

ELIGIBLE FOR ELECTRONIC MONITOR (If approved by Sheriff)

\_\_\_\_\_  
District Associate Judge

MITTIMUS ISSUE DATE

(MUST BE OBTAINED FROM JAIL PERSONNEL WITHIN 10 DAYS OF SENTENCING)

CREDIT TIME: \_\_\_\_\_ Days \_\_\_\_\_ Hours  None

NET SENTENCE: \_\_\_\_\_ Days \_\_\_\_\_ Hours

IN DATE: \_\_\_\_\_ IN TIME: \_\_\_\_\_

RELEASE DATE: \_\_\_\_\_ RELEASE TIME: \_\_\_\_\_

ACCOMMODATION FEE \$ 80 (Accommodation Fee must be paid, in cash,  
at the time of entry or Defendant will not be accepted and Court will be notified)

I hereby acknowledge notice of the date and time I am to present myself to serve the sentence ordered by the Court and of the Accommodation Fee which must be paid. I understand that I must appear at the time scheduled and must be completely sober, free of alcohol and illegal drugs. I understand that a test for alcohol and/or drugs may be administered upon entry and a positive test will be a violation of my sentence and will lead to further sanctions.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Johnson County Sheriff's Department

\_\_\_\_\_  
DATE