MANITOWOC COUNTY
SHERIFF

Sheriff - Daniel L. Hartwig
Chief Deputy - Brian L. Nack

In Partnership with the Community. Dedicated to Your Safety.

Electronic Monitoring - Huber Application

Inmate's Name: _____

Huber Sergeant's number: (920) 683-4945
& email: AmyMatthias@manitowoccountywi.gov

1. EMP / HUBER is a privilege and not a right.
2. You must be a sentenced inmate and have Huber authorized by the Court.
3. EMP / HUBER Rules and Regulations must be read, agreed to and signed. You must complete this packet of information which is necessary to determine your eligibility while serving your sentence on work release, self-employment, and/or childcare.
4. Please complete the Confidential Information Release Authorization & Medical Pre-Booking forms and return these to HSU/Jail at least (3) business days prior to your report in date so jail nursing can review and retrieve any needed medication or records prior to your report in date.
5. You must call the Huber Sergeant to schedule an appointment to go over your completed application **at least 2 weeks prior to sentencing with an immediate report or court ordered report in date.** (Wait to complete any sections you may have questions on until meeting).
6. You must call the Huber Sergeant if you are looking to transfer your sentence to another jail
7. Sentenced with an OWI charge; YOU MUST have your alcohol assessment scheduled & paid for *before* reporting into jail or you will not have Huber privileges. THIS IS A STATE LAW!
8. You agree to cooperate with all Law Enforcement and EMP /HUBER Staff during all home checks *prior* to hook-up to determine eligibility and *while* on the program should you become eligible.
9. You MUST report clean & sober.
10. ALL weapons, illegal drugs and alcohol must be removed from the residence *prior* to home check for eligibility until your participation in this program has ended.
11. If you live with anyone (family members, etc.) they **must** also agree to the placement rules and regulations.
12. Certain equipment may require the installation of a phone line or internet service that utilizes a router
13. Sentenced inmates are charged daily board at a rate determined by the Manitowoc County Board. Costs of the program are applicants' obligation including, but is not limited to:
    - Transfer Fee: $100
    - Booking Fee: $25
    - Daily In-House Fee: $22 /day, and $25 /day on EMP.
    - EMP Start-Up Fee: $50
    - Drug Testing Fees.

- Lost or Damaged Equipment. **(please initial, acknowledging you understand each statement)**
  - ☐ I understand I am responsible for the care and condition of all the equipment furnished to me on this program._____
  - ☐ I must immediately notify the Manitowoc County Sheriff's Office and WCS Staff if I or someone else intentionally or unintentionally destroys or damages any of the equipment._____
  - ☐ I will be held legally and financially responsible for all damaged or lost equipment_____

14. Sentenced to 21 days or less: All EMP / HUBER Fees must be paid in advance
15. Sentenced to 22 days or more: A check release or payment plan must be completed.
16. Each application is carefully reviewed before any decision is made. Final decision made by the Sheriff or authorized designee. **Each application evaluated on a case-by-case basis.**

VALID PHOTO ID and SOCIAL SECURITY CARD or BIRTH CERTIFICATE are required before or when you report in.

Currently Employed

- *If* you are actively employed *before* reporting in, you may continue using the mode of transportation you have established.
- You are REQUIRED to provide copies of vehicle insurance & registration (s) on any vehicles you are driving or riding in, as well as, copies of driver's license and phone number of any driver (s) transporting you.

Currently Unemployed & Seeking Employment

- Register with temporary employment agencies **before** reporting to jail, as we **will not** allow outside work searches once you have been booked in.
- *If* you are offered employment by any means *after* reporting in, it must first be approved by Administration.

JAIL HEALTH SERVICES UNIT INFORMATION

1. The Jail Health Services Unit (HSU) personnel are required to follow HIPAA regulations related to the disclosure of medical or dental information. This information may be disclosed, as needed, to medical facilities for my continuation of care.

2. Complete the Confidential Information Release Authorization & Medical Pre-Booking forms and return with completed packet.

3. Narcotic and/or sleep aid medications are not allowed unless approval is granted by Huber Sergeant or other designee. This includes, but is not limited to, methadone and suboxone. Non-narcotic medications should be used whenever possible as an alternative.

4. While out on electronic monitoring, you are responsible for your own medical, dental and mental health care including medications prescribed to you. In the event of being terminated from the Electronic Monitoring Program, inmates are responsible for directing and addressing all medical, mental health, or dental concerns to the HSU staff. The jail physician is primarily in charge of your care while you are incarcerated.

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Huber Report-In / Medical Pre-Booking Information

Last Name:_____ First Name:_____ Middle Name:_____

DOB: ___/___/___ Report in Date:___/___/____ Phone #_____

Sentence Length:_____

Have you been in the Manitowoc County Jail in the last two years? Yes or No (circle one)

Primary Doctor: _____ Clinic: _____ Phone #: _____

State current medical diagnosis:

_____
_____
_____
_____
_____
_____

Do you have any allergies to Medication or Food? Yes or No (circle one)

Remarks if Yes_____

_____

List Current prescribed medications you are taking.

Medication Name	Strength	Dosage Instructions	Prescribed By.

Confidential information release authorization form attached Yes or No (circle one)

Information received by _____ Date_____

MANITOWOC COUNTY SHERIFF'S OFFICE

CONFIDENTIAL INFORMATION RELEASE AUTHORIZATION

Individual Who Is Subject of Record:	**Information May Be Released To:**
Name: _____ Address: _____ City, State, Zip Code: _____ Date of Birth: _____ Identifying Number: _____	Manitowoc County Sheriff's Office Jail Health Services Unit 1025 South 9th Street Manitowoc, WI 54220 Telephone: (920) 683-4340 Fax: (920) 683-4405

(Wisconsin Statutes Section 19.35 & 19.36 Federal Regulation 42 CFR Part 2)

Agency or Organization being Authorized to Release Information

Name of Physician/ Agency : _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

List Specific Records Authorized For Release to include dates, if applicable

Date of Visit: _____

Record, to include notes: _____

_____

Date of Visit: _____

Record, to include notes: _____

_____

Date of Visit: _____

Record, to include notes: _____

_____

PURPOSE OR NEED FOR RELEASE OF INFORMATION IS CONTINUATION OF CARE

I understand that I may revoke this authorization, in writing, at any time except where information has already been released as a result of this authorization. Unless revoked, this authorization will remain in effect until the expiration time I have indicated by initialing below. **(Initial One and Complete if Necessary)**

_____ Authorization expires as of _____. (Date)

_____ Authorization expires 12 months from the date I sign this authorization.

_____ Authorization expires after the following action takes place: _____.

_____ Authorization expires upon change in custody status.

As evidenced by my signature below, I hereby authorize disclosure of records to the person(s) or agency(s) as specified above.

Signature of Individual who is Subject of Record: _____ Date: _____

Signature of Other Person Legally Authorized to Consent to Disclosure: _____

Title or Relationship to Individual who is Subject of Record: _____ Date: _____

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FINANCIALS FOR

Name: _____

Address: _____

_____

Telephone (day): _____

Telephone (evening): _____

Telephone (cell): _____

Date of Birth: _____ Age: _____

Social Security #: _____

Marital Status: _____

Name of Spouse: _____

Number of Children/Dependents (& ages): _____

_____

EMPLOYMENT

I am currently employed: YES NO

If yes, Name of Employer: _____

Job Title: _____

If no, Name of last Employer: _____

Last day worked: _____

BENEFITS

I currently receive:

- ☐ Food Share/ Stamps
- ☐ Supplemental Security Income
- ☐ Legal Representation based to indigency
- ☐ Medical Assistance
- ☐ Relief funded under Wis. Stat. 59.53 (21)
- ☐ Relief funded under public assistance
- ☐ Veterans Benefits under Wis. Stat. 45.351 (1)
- ☐ Veterans Benefits under 38 USC 501-503
- ☐ Other means-tested public assistance: _____

My financial situation ☐ has ☐ has not changed since I became eligible for the program(s) checked above.

MONTHLY GROSS INCOME

Employment (salary, wages, bonus, tips) $ _____

Pensions/Retirement $ _____

Social Security/Disability $ _____

Unemployment Benefits $ _____

Child Support/Maintenance $ _____

Other Income: _____ $ _____

ASSETS

House- Value $ _____

Vehicle(s) - Value (Cars, Motorcycles,

Snowmobiles, RV, boats, etc) $ _____

Cash $ _____

Checking Account(s) $ _____

Savings Account(s) $ _____

Other Assets: _____ $ _____

EXPENSES

Do you:	Amount of expense:
☐ Rent	$ _____
☐ Own a home	$ _____
☐ Have Cable/satellite TV	$ _____
☐ Have a cell phone	$ _____
☐ Have internet service	$ _____
☐ Drink alcohol	$ _____
☐ Smoke	$ _____

I certify that the information provided is true. I understand that a background investigation may be conducted & I authorize my employer and creditors release information to the Manitowoc County Sheriff's Office. I also understand that as a prisoner in a jail, I shall cooperate with the county in seeking reimbursement for expenses incurred by the county while I am a prisoner. Failing to cooperate or intentionally refusing to cooperate may result in **not earning good time credit under Wis. Stat. 302.43.**

Signature _____ **Date** _____

Manitowoc County Electronic Monitoring – HUBER Application

Last Name: _____ First: _____ Middle: _____ DOB: _____

Address: (to include Apt# and Zip Code):_____

_____

- How long have I lived at the above location: _____ ☐ Rent ☐ Own
- Landline Phone Number_____
- Cell Phone Number_____
- Internet: YES NO
- Email: _____

List all the person(s) living with me (including shared custody children):

Name: Last, First, Middle: DOB: Relationship:

_____

_____

_____

_____

List (2) Emergency Contacts in event we cannot reach you: (Name and Phone Number(s))

1. _____
2. _____

Do you have any disabilities or special medical conditions? YES NO If "Yes" Explain:

_____

_____

Are you currently taking prescribed medication(s)? YES NO Names of Medication(s):

_____

_____

Any special family circumstances we should know about? YES NO If "Yes" Explain:

_____

_____

List ALL Weapon(s) kept in the home:

_____

_____

Appointments requesting outside of work: (this in no way guarantees approval of said appointments)

A	D	☐ Probation & Parole Appointment(s) Regularly scheduled appointment times: _____
A	D	☐ Treatment Program(s) Scheduled Appointment(s): _____ Type of Treatment Program: _____ Name & Location of Program: _____ Name & Contact# of Leader: _____
A	D	☐ Counseling Session(s) Scheduled Appointment(s): _____ Type of Counseling: _____ Name & Location of Facility: _____ Name & Contact# of Counselor: _____
A	D	☐ Medical Appointment(s) Scheduled Appointment(s): _____ Name & Location of Facility: _____ Name & Contact# of Physician: _____
A	D	☐ Drug Screen/ EMP Appointment(s) Scheduled Appointment(s): _____
A	D	☐ Laundry Laundry Facility Name & Location: _____ Day & Time requesting: _____
A	D	☐ Yard Work Day & Time requesting: _____
A	D	☐ Shopping Store & Location: _____ Day & Time requesting: _____
A	D	☐ Child Care (child(ren) information should be included in this application) Day & Time requesting: _____
A	D	☐ Banking Day & Time requesting: _____
A	D	☐ Church Service(s) Day & Time requesting: _____
A	D	☐ Other: _____ _____ _____ _____

SHERIFF OFFICE USE ONLY

APPROVED OR DENIED REQUESTS

EMP/HUBER INMATE RULES

Initial Below:

_____1. I understand EMP is an extension of the jail. Huber rules apply to me.

_____2. I agree to reside at the approved residence on my application. I will not change my address, telephone number, or allow anyone to move into my residence without prior approval of EMP staff.

_____3. I may not have contact with, walk with, or visit with unauthorized people while away from home or have visitors at my home.

_____4. I will not use social media, or make inappropriate phone calls, computer emails or any other forms of unauthorized communication while on this program.

_____5. I agree to submit my person, property, place of residence, vehicle, and any other belongings to search at any time, to include locker, etc., at my place of employment when requested by any Law Enforcement Officer or Manitowoc County Jail Staff. This includes allowing Jail Staff or other Law Enforcement Personnel to enter my residence at any time, to inspect equipment and to see if I am complying with the rules of the program.

_____6. I agree to comply with all federal, state, local laws, and ordinances.

_____7. I understand that I cannot possess or use (consume, ingest, or take into my body) any drugs (legal or illegal).

_____8. I will keep EMP staff current (via fax from my physician) of any and all medications prescribed to me. Any further medication changes will need to be faxed to WCS staff by my physician immediately.

_____9. I will not use any non-prescription drugs containing alcohol or mood altering substances. This includes, but is not limited to, mouthwashes, cold/cough medications, etc.

_____10. I will comply with submitting random and scheduled drug and alcohol screenings at my expense.

_____11. I understand that the EMP officer or Jail Sergeant may order me to the Manitowoc County jail at any time to submit the above screenings. Failure to report will result in immediate suspension from the program.

_____12. I will report for weekly drug screenings at the Manitowoc County Jail on Wednesday mornings between the hours of 8 a.m. and 10 a.m. for my scheduled screen time. If I cannot make my scheduled appointment, I will prearrange a time with the WCS staff & Manitowoc County Jail for my weekly screening. Approved transportation to/from these appointments are the inmates' responsibility.

_____13. I understand that I must inform the WCS staff immediately of **<u>any</u>** changes in my work/ school schedule including but not limited to: illness, emergency, termination, or layoffs. Any changes or modifications of hours and/or days must be reported to WCS by my employer, school staff, etc., prior to that change being made. *I will need to fill out a Huber Work Site Log form if my place of employment varies. This form must be filled out prior to being scheduled work day.*

_____14. I understand that if I choose to change my work hours prior to WCS staff approval, I am subject to disciplinary action.

_____15. I may not deviate from my assigned route, stop at any unauthorized location (restaurant, gas station, etc), change my method of transportation, or leave my authorized destination without prior consent from jail staff.

_____16. I will not enter areas defined as off-limits, restricted, or areas identified as exclusion zones.

_____17. I understand that the Manitowoc County Jail is not responsible to provide me with food, clothing, shelter, medical, mental health or dental needs while I participate on the program.

_____18. I also understand that if the electricity is turned off in my residence (for any reason), I will notify WCS staff immediately.

_____19. I agree all monies I receive while an inmate of the county jail shall be sent or presented to the jail staff for distribution according to Wisconsin Statue 303.08, unless other approved arrangements are made. I agree to keep current with my payment agreement.

_____20. All scheduled time out **MUST** be preauthorized. I am allowed out a max of 72 hours per week to include my travel time. The maximum time out in any one day is 12 hours. Any variations to this rule must be preauthorized by the Manitowoc County Jail.

_____21. I understand I am allowed out 6 days in a row and under the 72 hour total. After 6 days out I must remain in my residence for one complete day.

_____22. I am subject to a body scan at any time I am asked to return to jail unless confined to a wheelchair or confirmed pregnant. It is my responsibility to notify staff or HSU if I believe I am pregnant before scan.

****MANITOWOC COUNTY JAIL & WCS EMP RULES AND REGULATIONS****

FAILURE TO COMPLY WITH THE FOLLOWING RULES WILL RESULT IN REMOVAL FROM THE PROGRAM AND YOU WILL BE RETURNED TO JAIL. RULE VIOLATIONS MAY ALSO RESULT IN LOSS OF HUBER, ADDITIONAL CRIMINAL CHARGES, OR LOSS OF GOOD TIME!

INMATE SIGNATURE: _____ DATE: _____

JAIL STAFF: _____ DATE: _____

Additional jail related information is located on our jail website at **mtwjail.com** under the FAQ and Forms/Documents section, or it will be provided to me when I am booked in to the jail.

****Completed 'WORK SCHEDULE' from employer is needed (see next page)****

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INMATE NAME: _____ TODAY'S DATE: _____

EMPLOYER Name & Address: _____

SUPERVISOR'S Printed Name: _____ Phone Number: _____

TEMP AGENCY Name: _____ Phone Number: _____

WORK ☐ **CHILDCARE** ☐ **OTHER** ☐ _____ **MONTH OF** _____

DAY OF MONTH	TIMES SCHEDULED TO WORK	DAY OF MONTH	TIMES SCHEDULED TO WORK
1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	
		31	

If you have any questions or changes to the schedule, please call the Manitowoc County Jail Huber Division at 920-683-4944 or fax to 920-683-5169

Staff Use: Events scheduled by: _____

Employment Information

Temp Agency employed through (if any) _____

Complete Address of Temp Agency: (to include Apt# and Zip Code)

_____

_____

Temp Agency Telephone# _____ Fax# _____

Name of Employer: _____

Position: _____ Length of Employment: _____

(Self-Employment Requires Proof: Injury Accident Insurance, Fed. Tax Number, WI Seller's Permit)

Complete Address of Employment: (to include Apt# and Zip Code)

_____

_____

Telephone Number: _____ Fax #: _____

Supervisor's Name: _____ Extension: _____

Does Your Supervisor Work on Site With You? YES NO

Does Your Employment Take You Outside of Manitowoc County? YES NO If "Yes" Explain

_____

_____

Do I Have Childcare Privileges? YES NO

Will I Have Transportation That Meets Huber Requirements? YES NO

(i.e. Valid Driver, Vehicle Registration, Valid Insurance, Interlock System (if court ordered), etc.)

PERSON TRANSPORTING: _____

ADDRESS: _____

PHONE#: _____

DESCRIPTION OF VEHICLE: _____

LICENSE PLATE #: _____

INSURANCE COMPANY/EXPIRATION DATE: _____

PERSON TRANSPORTING: _____

ADDRESS: _____

PHONE#: _____

DESCRIPTION OF VEHICLE: _____

LICENSE PLATE #: _____

INSURANCE COMPANY/EXPIRATION DATE: _____

☐ Copies of the above transportation was received & approved by _____

Criminal Information

What is/are my Current Charge(s)?

_____

_____

When did or does my sentence start? _____

Do I have any charges pending? YES NO If "Yes" Explain

_____

_____

Am I currently on Probation/Parole? YES NO If "Yes" Explain

Agent's Name: _____

List Charge(s) I am on Probation for?

_____

_____

Have I ever been convicted of a Domestic Violence Offense? YES NO If "Yes" Explain

Date of the Offense: _____

Do I currently live with the victim? YES NO

Have I ever been convicted of any Illegal Substance Charges? YES NO If "Yes" Explain

_____

_____

Are there any current/past Restraining Orders/Injunctions against me? YES NO If "Yes" Explain

_____

_____

Why should I be considered for the Electronic Monitoring Program?

_____

_____

_____

_____

_____

- ☐ I agree that the information provided on the application is true and accurate.
- ☐ Any false/misleading information may disqualify me from EMP & may result in disciplinary actions.
- ☐ Completion of this application **does not** guarantee that I will be accepted on the program.

Inmate Signature: _____ Date: _____

EMP Officer Signature: _____ Date: _____