



MANITOWOC COUNTY SHERIFF

ELECTRONIC MONITORING PROGRAM

Huber Sergeant email:

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Telephone: (920) 683-4945

1. EMP / HUBER is a change in housing assignment, a privilege and NOT a right.
2. You must be a sentenced inmate and have Huber authorized by the Court.
3. You may not have any active warrants in/out of state.
4. You must read, agree to & initial all EMP / HUBER Rules and Regulations.
5. With very limited exceptions, you are expected to work within adjacent counties only.
6. Complete & submit this application (3) weeks prior to sentencing with an immediate report, court ordered report in date or considering a transfer in/out of Manitowoc County. This information is necessary to determine your eligibility while serving your sentence on work release, self-employment, and/or childcare.
7. If emailing form: it MUST be in a printable doc form (Word, PDF, etc). JPG or other photo imaging will NOT be accepted.
8. *Although a transfer maybe authorized by the court, both participating counties must approve before it is considered.*
9. The Confidential Information Release Authorization & Medical Pre-Booking forms are necessary so jail nursing can review and retrieve any needed medication or records prior to you reporting in.
10. YOU MUST HAVE A WORKING PHONE! (with an activated voicemail)
11. Once preliminary consideration is complete, we will contact you for further information to complete any questionable sections. You are responsible to answer and/or respond to message(s) promptly.

12. Any OWI related sentence requires proof of IID installation & assessment documentation *before* reporting into jail or you **will not** have Huber privileges, per State Statute 303.08(10m-r) **THIS IS A STATE LAW!**
13. 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.
14. **You MUST report clean & sober.** You will be required to provide a UA to verify levels of mood-altering substances found in prescribed and over-the-counter medications (Ex. CBD products).
15. ALL weapons or ammunition, including look alike, antiques, none working (functional) or bow and arrows (including cross-bows), alcohol and illegal drugs must be removed from the residence *prior* to home check for eligibility *until* your participation in this program has ended.
16. Anyone living with you (family, etc.) **must** also agree to the placement rules and regulations.
17. We carefully review each application before any final decision is made. **Each application is evaluated on a case-by-case basis.**

Equipment

18. Certain equipment may require the installation of a phone line or internet service router
19. I understand I am responsible for the care and condition of all the equipment furnished to me on this program.
20. 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.
21. I will be held legally and financially responsible for all damaged or lost equipment **ALL EMP accounts are charged & paid a full (2) weeks in advance**

Fees

22. All Sentenced inmates are charged a daily rate determined by the Manitowoc County Board. Costs of the program are applicants' obligation including, but is not limited to:
 - Booking Fee: \$25
 - EMP Start-Up Fee: \$50
 - Daily EMP Fee: \$25 /day
 - Per Diem (In-House) Fee: \$22 /day
 - Random Drug Testing: \$4.50/per test
 - Transfer Fee: \$100
23. Sentenced to 21 days or less: All EMP / HUBER Fees must be paid in advance.
24. Sentenced to 22 days or more: A check release or payment plan must be completed.

Initial Payment of \$525 (when booked-in on the day of hook-up.) plus an additional \$22 per day if booked ahead of hook-up day. **Hook-up's occur weekly on Wednesdays between 8-10am**

EMP Release Procedures

- Report to the Manitowoc County Jail no earlier than 5am, on release date (if unable to arrive at this time, contact jail staff @ (920) 683-4338 with your estimated arrival time)
- ALL EMP equipment must be turned in at this time (to include charging cords)

REMOVE & KEEP THIS DOCUMENT FOR YOUR RECORDS

Currently Employed

- 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.
- MUST maintain gainful employment (unless medically/physically unable). Physician's letter & Social Security or other financial records would then be required if unable to work. Upon loss of employment, you will be given 2 weeks to obtain employment. Fees must be maintained at all times.

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.

Self-Employed Individuals must provide:

- Name of Business, address, phone number, number of years in business
- Tax ID#
- Copy of last year's taxes
- Copy of Business Liability Insurance policy
- Addresses of jobsites will be required for approval before business can be conducted

1. While on EMP, I cannot work for any other inmate of any institution
2. **NO cash jobs allowed!**

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 incarcerated.

NON-EMERGENCY REQUESTS & QUESTIONS

- Non-emergency requests need to be done 3 days/72 hours prior to appointments
- Failure to follow proper email/call formats will result in denied activities
- Repeated calls to WCS will not be tolerated & discipline will result for inmate
- WCS & the Huber Office handles many phone calls and emails per day. It is your responsibility to supply the proper information to avoid unnecessary correspondence.

Email (preferred with quickest response) or Phone Messages MUST include the following information:

- YOUR FULL NAME (in the Subject line/ the first part of the voicemail)
- DATE/ TIME/ NAME & ADDRESS/ REASON of where you are requesting to go
- AMOUNT OF TIME to travel to/from the address
- AMOUNT OF TIME needed for the appointment



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Things to know...

Participants agree to comply with each component of the program & testing requirements. These requirements include:

- Collection which can include breath, blood, urine, saliva, hair, or other form
- Collection of samples will usually be observed including direct observation of the flow of urine from the body
- Not consuming excessive amounts of fluids that result in a diluted drug test
- Random home visits during the day, evening or weekend where the participant will be visited by MTSO, WCS and possibly other law enforcement agencies. Participant may be required to identify other residents and/or visitors in the home. The participant may also be required to submit to a Portable Breath Test (PBT). The participant is required to respond to the visit by answering your door and allowing officers, WCS into their home. If not home, we may attempt to reach the participant by cell phone.
- ANY police contacts, including traffic stops, need to be reported to WCS as soon as possible. The participant must report to law enforcement that they are a participant of the EMP through MTSO.

WCS will test for mood-altering substances found in prescribed and over-the-counter medications, including, but not limited to: Opiates, Tramadol, Alcohol and Dextromorphan. This means that most cold-medication will be off limits unless deemed necessary and that no suitable alternative exists. All mood-altering medications, prescription or over-the-counter, must be prescribed under the direction of a licensed medical professional who is aware of your participation in the Electronic Monitoring Program (EMP).

If a licensed medical professional approves, adjusts or stops a mood-altering medication, you must:

- Immediately notify WCS and Huber Sergeant.
- Follow up with written documentation of the medication or change signed by the licensed medical professional.

Make the medication available for pill count every Wednesday.



Resources are available...TODAY IS A NEW DAY...you are not alone...THE CHOICE IS YOURS

Manitowoc County offers numerous resources & services for those seeking additional therapy/ professional support to aid in your recovery. An EMP inmate will need prior approval to start one of these programs; please see, Huber Sergeant for approval.

Everything **you** do is based on the choices **you** make.
It's not your parents, your past relationships,
your job, the economy, the weather, an argument
or your age that is to blame.
You and **ONLY you** are responsible for every decision
and choice **you** make. Period.

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- Herbal supplements: Anything with the words “extract” could result in a positive test for alcohol, along with “fermented” teas.
- Do not drink alcohol substitutes (near beer, O’Doul’s, etc.)
- Refrain from drinking Kombucha
- Do not consume poppy seeds as consumption may result in a false positive drug test.
- Read the labels of anything you plan to consume/use. **IF IN DOUBT DO NOT CONSUME/USE.** Consult the pharmacist or treatment provider to ensure that the item is not mood altering and will not result in a false positive test.
- Hand Sanitizers- excessive, unnecessary, repeated use of products may result in a false positive test for alcohol.
- Avoid acetone fingernail polish. Alternatives are available.
- Participants may not consume or possess “designer drugs” or other substances, which produce a drug like effect. Designer drugs are drugs and compounds that have been: (1) altered or modified so that they do not fit within chemical definitions that would otherwise make them illegal and; (2) altered or modified in order to circumvent drug monitoring. Examples are “spice”, “K2”, and other synthetic cannabinoids. An example of “other substances” is synthetic cathinone’s, commonly referred to as bath salts, CBD, GBL/GHB. This list is not all-inclusive and can have products added or removed at MTSOs discretion.
- Participants agree that they will not be in an environment where drugs or alcohol is used. Claiming that a positive test result occurred from being in a drug-using environment but that personal use did not occur is not a valid explanation for a positive result.

NOTES

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