



MANITOWOC COUNTY SHERIFF

In Partnership with the Community.

ELECTRONIC MONITORING PROGRAM

Huber Sergeant email:
AmyMatthias@manitowocountywi.gov
Telephone: (920) 683-4945

1. EMP / HUBER is a privilege and NOT a right, it's a change in the inmates' housing assignment.
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 to Manitowoc County.
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 another 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 CELL 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 by the Sheriff or authorized designee. **Each application is evaluated on a case-by-case basis.**

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.



REMOVE & KEEP THIS DOCUMENT FOR YOUR RECORDS

Equipment

18. Certain equipment may require the installation of a land-line phone or internet service router, at inmates' expense.
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

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 (\$25 positive test sent to lab)
 - 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.

ALL EMP accounts are charged a full (2) weeks in advance. **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 is required to cover these costs. **Hook-up's occur weekly on Wednesdays between 8-10am.**

Currently Employed

- 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 may be given time to obtain new employment depending on circumstances of loss. 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. **Cash jobs are NOT allowed!**

Transportation/ Drivers Info

- 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.

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

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



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.

REMOVE & KEEP THIS DOCUMENT FOR YOUR RECORDS



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 your medications available for pill count every Wednesday

- 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.

REMOVE & KEEP THIS DOCUMENT FOR YOUR RECORDS

REV 071923 TMH



MANITOWOC COUNTY
SHERIFF

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

In Partnership with the Community. Dedicated to Your Safety.

Huber Sergeant email: AmyMatthias@manitowocountywi.gov Telephone: (920) 683-4945

Manitowoc County Electronic Monitoring Application

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

Manitowoc County residential 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 If yes, please complete: WIFI User: _____ Password: _____
- ❖ Email: _____

Do I have Childcare Privileges? ☐ YES ☐ NO

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:

1. Name: _____ Number: _____ Relation: _____
2. Name: _____ Number: _____ Relation: _____

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 any pets in the home (name, breed & size) _____

List ALL Weapon(s) kept in the home:

Are you looking to transfer? ☐ YES ☐ NO

FROM: _____ TO: _____

Although a transfer maybe authorized by the court, both participating counties must approve before it is considered.

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

A	D	<input type="checkbox"/> Probation & Parole Appointment(s) Regularly scheduled appointment times: _____
A	D	<input type="checkbox"/> Treatment Program(s) Scheduled Appointment(s): _____ Type of Treatment Program: _____ Name & Location of Program: _____ Name & Contact# of Leader: _____
A	D	<input type="checkbox"/> Counseling Session(s) Scheduled Appointment(s): _____ Type of Counseling: _____ Name & Location of Facility: _____ Name & Contact# of Counselor: _____
A	D	<input type="checkbox"/> Medical Appointment(s) Scheduled Appointment(s): _____ Name & Location of Facility: _____ Name & Contact# of Physician: _____
A	D	<input type="checkbox"/> Laundry Laundry Facility Name & Location: _____ Day & Time requesting: _____
A	D	<input type="checkbox"/> Yard Work Day & Time requesting: _____
A	D	<input type="checkbox"/> Shopping Store & Location: _____ Day & Time requesting: _____
A	D	<input type="checkbox"/> Child Care (child(ren) information should be included in this application) Day & Time requesting: _____
A	D	<input type="checkbox"/> Banking Day & Time requesting: _____
A	D	<input type="checkbox"/> Church Service(s) Day & Time requesting: _____
A	D	<input type="checkbox"/> Other: _____ _____ _____ _____
SHERIFF OFFICE USE ONLY		
APPROVED OR DENIED REQUESTS		Additional jail related information is located on our jail website at manitowocountywi.gov/jail

Employment Information

Temp Agency employed through (if any) _____

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

Temp Agency Telephone# _____ Fax# _____

Name & Address of Employer: (to include Apt# and Zip Code)

Employer's Telephone Number: _____ Fax #: _____

Supervisor's Name: _____ Extension: _____

Supervisor's Email: _____

My Position: _____ Length of Employment: _____

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

Payday is ☐ weekly ☐ bi-weekly ☐ monthly ☐ other _____

Next Pay Date _____

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 _____



MANITOWOC COUNTY
SHERIFF

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

In Partnership with the Community. Dedicated to Your Safety.

INMATE NAME: _____ TODAY'S DATE: _____

EMPLOYER (& Temp Agency- if applicable) Name & Phone Number: _____

SUPERVISOR'S (Printed) Name: _____ Direct Line: _____

Does Your Supervisor Work on Site with You?

YES NO

Does Your Employment Take You Outside of Manitowoc County?

YES NO If "Yes" Explain

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 920-683-4338 or fax to 920-683-5169

Staff Use: Events scheduled 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

Agent's Name: _____ Phone Number _____

List Charge(s) I am on Probation for?

Have I ever been convicted of a Domestic Violence Offense? YES NO

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 my acceptance to the EM Program.

**NOTE: Each completed application is reviewed and evaluated on a case-by-case basis;
the final decision is made by the Sheriff or authorized designee.**

Inmate Signature: _____ Date: _____

EMP Officer Signature: _____ Date: _____

ELECTRONIC MONITORING INMATE RULES & REGULATIONS

Initial Below:

- _____ 1. I understand EMP is an extension of the jail & participants are still Manitowoc County inmates.
- _____ 2. I agree to reside in Manitowoc County at the approved residence on my application.
- _____ 3. I will not change my address, or allow anyone to move into my residence without prior approval of EMP staff.
- _____ 4. WCS & Manitowoc County Jail must always have a way to contact you. I agree to have a working cell phone with an activated voicemail. I, also, will not change my phone number without prior approval of EMP staff.
- _____ 5. I may not have contact with, walk with, or visit with unauthorized people while away from home or have visitors at my home.
- _____ 6. I may not have contact (mail, phone, video visit, email/text (any other internet related sources), in-person) with any currently incarcerated individual at the Manitowoc County Jail without approval from Jail Administration.
- _____ 7. I will not inappropriately use emails, text, or video visitation while on this program.
- _____ 8. 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 entering my residence at any time, to inspect equipment and/or to see if I am complying with the rules of the program.
- _____ 9. If I have any type of police contact (besides EMP officer), it is my responsibility to let the officer know I am a Manitowoc County EMP inmate. You must contact the jail at (920)683-4338 immediately, to leave a message for the Huber Sergeant with the nature of the police contact & the result of the contact (accident, citation, etc)
- _____ 10. I will not communicate false information.
- _____ 11. I agree to comply with all federal, state, local laws, and ordinances.
- _____ 12. I understand that I cannot possess or use (consume, ingest, or take into my body) any drugs (legal or illegal) without prior approval by WCS or Manitowoc County EMP designee.
- _____ 13. I will keep EMP staff current (from my physician) any and all medications prescribed to me. Any further medication changes will need to be faxed/mailed to WCS staff by my physician immediately.
- _____ 14. 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.
- _____ 15. I will comply with submitting random and scheduled drug and alcohol screenings at my expense.
- _____ 16. I will call the Random Drug Test Line daily & report timely to complete test.
- _____ 17. 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.
- _____ 18. 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.
- _____ 19. I understand that I must inform the WCS staff & jail staff immediately of any 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 workday.*
- _____ 20. I understand that if I choose to change my work hours prior to WCS staff approval, I am subject to disciplinary action.
- _____ 21. 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.
- _____ 22. I will not enter areas defined as off-limits, restricted, or areas identified as exclusion zones.
- _____ 23. 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.
- _____ 24. I also understand that if the electricity is turned off in my residence (for any reason), I will notify WCS staff immediately.

- _____ 25. 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.
- _____ 26. 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.
- _____ 27. 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.
- _____ 28. I agree to request a preauthorized stop/appointment at least 72 hours (3 days) in advance of stop/appointment [bank, grocery shopping (if living alone)] unless it is an emergency situation.
- _____ 29. 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.
- _____ 30. I have read, understand & agree to all pages marked "REMOVE & KEEP THIS DOCUMENT FOR YOUR RECORDS" attached to this application.

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

FAILURE TO COMPLY WITH THE FOLLOWING RULES MAY RESULT IN DISCIPLINE
AND/OR REMOVAL FROM THE PROGRAM. RULE VIOLATIONS MAY ALSO RESULT
IN LOSS OF HUBER, ADDITIONAL CRIMINAL CHARGES, AND/OR LOSS OF GOOD TIME.

Inmate Signature: _____ Date: _____

EMP Officer Signature: _____ Date: _____



MANITOWOC COUNTY SHERIFF

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

In Partnership with the Community. Dedicated to Your Safety.

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

****COMPLETE** Individual Who Is Subject of Record:**

Name: _____
Address: _____
City, State, Zip Code: _____
Date of Birth: _____
Identifying Number: _____

Information May Be Released To:

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)

****COMPLETE** 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 & Sign Below)**

_____ Authorization expires as of _____. (Date)

(Initial) _____ 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: **(X)** _____ Date: _____

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

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



MANITOWOC COUNTY SHERIFF

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

In Partnership with the Community. Dedicated to Your Safety.

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 a background investigation may be conducted. I authorize my employer and creditors release information to the Manitowoc County Sheriff's Office. I 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 _____