

**Green Lake County Correctional Facility
Electronic Monitoring Program
Green Lake County, Wisconsin**

Introduction to Program

The Green Lake County Correctional Facility Electronic Monitoring Program (EMP) is an opportunity available to inmates, who meet certain criteria, to serve their jail sentences outside the correctional facility. EMP is a privilege, not a right. To be eligible for EMP, the applicant must live in Green Lake County and be willing to provide medical documentation of the necessity of the request.

Applicants to EMP must complete and submit this booklet, make an appointment with the corrections lieutenant to return the booklet, and have a brief interview. Once the application is received and the interview completed, it will be reviewed and a written response accepting or denying the application will be mailed to the applicant.

To be placed on EMP, for a medical condition, the applicant must provide medical documentation (attached “Medical Documentation” form) describing the nature of the request and fill out and sign both medical release forms. Correctional facility medical staff will be consulted during consideration of the request. **If employed, individuals on EMP must meet the same requirements for employment as is required of Huber Law inmates in the Green Lake County Correctional Facility.** Inmates not able to abide by the rules of EMP **will lose the benefits of the program and will be returned to the correctional facility for the remainder of their sentence, if medically possible.** At the discretion of the Sheriff or corrections administration, inmates selected for the program may serve all or part of their sentence on the program. If approved for EMP, the applicant will be required to sign an agreement to follow all program rules.

This handbook contains the information you will need to know while serving a sentence on EMP. You are expected to read all the information in this booklet and will be held responsible if a rule is violated. It is important to remember that EMP is a privilege and may be revoked at any time for violation of program rules.

Automatic Disqualifiers from Consideration

- Serving violent felony conviction
- Serving child support sentence
- Serving felony drug conviction
- Serving sex offense conviction
- Placement on SORP registry
- Felony domestic violence conviction (current or past)
- Multiple felony OWI convictions or OWI causing injury/death
- Felony transfer cases

Green Lake County Correctional Facility
Electronic Monitoring Program
Green Lake County, Wisconsin

Program Rules

Failure to comply with the following conditions may result in your removal from the program and your return to jail. Rule violations may result in a loss of Huber Law privileges and/or other criminal charges. See Discipline Process for Rule Violation(s).

1. I agree to reside at the approved residence, at all times, authorized by the Sheriff or program director.
2. I acknowledge that I have a cell phone and the telephone number assigned to it is mine, personally. I understand that if I do not have a cell phone that I must have a corded land-line telephone for this program. I also agree to keep my telephone in good working order and my telephone and electric bill paid. If my telephone or electricity is disconnected or fails to work, for any reason, I will return to the Green Lake County Correctional Facility immediately. I also understand that I must pay all telephone and electricity expenses that may be caused by participation in the Electronic Monitoring Program.
3. I understand that Green Lake County does not have any responsibility to provide food, clothing, dental or other medical care during my participation in this program.
4. I agree to submit my person, property, place of residence, vehicle and/or other belongings to search and seizure at any time, with or without search warrants, to any law enforcement officer or Green Lake County Correctional Facility staff.
5. I agree to allow the Green Lake County Correctional Facility staff or any law enforcement officer to enter my residence at any time to inspect the program equipment and ensure that I am complying with the rules of the program.
6. I understand that I am responsible for following all of the applicable rules as established for the Green Lake County Correctional Facility as well as specific rules for EMP. Deviation from my schedule and/or approved travel routes is a rule violation.
7. I will not enter areas that are defined to be off limits (i.e. restaurants, liquor stores, taverns or anywhere they sell alcohol by the drink).
8. I understand that I must receive permission from corrections administration before moving to a new address and prior to another person moving into my residence.

SCHEDULE

1. I understand that I must remain at my approved residence at all times unless I have specific authorization to leave (employment, scheduled grocery shopping, appt's. etc.).
2. I agree to maintain my employment and participation in schooling or counseling programs as approved by corrections administration and will notify them immediately of any changes.
3. I understand that I must advise corrections administration immediately of any changes in work hours caused by sick-time, lay-off, overtime, vacation time, new

Green Lake County Correctional Facility
Electronic Monitoring Program
Green Lake County, Wisconsin

employment, etc. Non-emergency schedule changes must be requested to corrections administration at least 48 hours in advance. Schedule changes not received at least 48 hours prior to the event will **not** be accepted. I will only be allowed to change my schedule once per week. Schedule changes may be completed by calling (920) 294-4059, Ext.1150, between 8:00 a.m. and 4:00 p.m. and contacting the program director or corrections administrator.

4. I will include my travel route to and from work on my schedules and I will not deviate from that route.
5. I understand that my location will be traced and stored as an official record.

EQUIPMENT

1. I accept responsibility for the care of the program equipment issued to me. I understand that I will be held financially responsible for any damage to or loss of equipment and may be held civilly and/or criminally liable for replacement costs.
2. I will not tamper with the Electronic Monitoring Program equipment in any way, nor will I remove or attempt to remove the bracelet.
3. I may only disconnect or move the program equipment upon specific instruction from Corrections staff.
4. I shall answer the telephone as quickly as possible when it rings.
5. I understand that I must pay all telephone and electricity expenses that may be caused by participation in the Electronic Monitoring Program.

FEES (See attached fee schedule)

1. I agree to pay, in advance, the weekly fee for participation in EMP. I will be charged a daily fee to offset the cost of EMP. If I am serving my sentence for an alcohol violation I will be required to pay a fee for the GPS monitor and/or the alcohol monitor. I will report to the Green Lake County Correctional Facility once a week at scheduled times to make my full payment and submit a work schedule and appointment requests. My schedule must be for two weeks in advance. My fees will be paid in cash or money order. My personal check **will not** be accepted.
2. I agree to submit to alcohol and drug testing to enter EMP and both test results must be **negative**. I will pay the cost of the drug and alcohol testing. This will be paid at the time the EMP fees are paid.
3. A one-time hook-up fee will be charged to be placed on EMP.
4. A fee will be charged for mileage from the Green Lake County Correctional Facility to my home and back for the initial hook-up. This will be paid at the time the EMP fees are paid.

Green Lake County Correctional Facility
Electronic Monitoring Program
Green Lake County, Wisconsin

GENERAL RULES

1. I understand that I must accept all telephone calls from Green Lake County Sheriff's Office personnel (these may show up as "blocked" on caller ID). If I have a cell phone, I must answer incoming calls from the monitoring company. Failure to perform a random or scheduled test will result in my removal from the program (**alcohol monitoring only**).
2. I understand that I cannot possess or use (consume, ingest, or take into my body) any drugs (legal or illegal) or alcohol that has not been prescribed by a physician. This includes all over-the-counter non-prescription medication and mouthwashes, which contain alcohol. I also understand that I will be required to submit to scheduled and random drug and alcohol screenings at my expense.
3. Having visits at my residence is not allowed. Any necessary visits relating to medical treatment (i.e. visiting nurse, oxygen delivery etc.) will be allowed but must be reported to corrections staff in advance.
4. I am not allowed to go swimming, take a bath, or take my bracelet into water. I am allowed to take a shower.
5. I agree to comply with all verbal and written instructions from the staff of the Green Lake County Correctional Facility.
6. I agree to comply with all federal, state, and local laws and ordinances. I will report any law enforcement contact to the program director.
7. I understand that I may be removed from EMP and serve out the remainder of my sentence in jail if I commit a violation.
8. I agree that at no time while participating in EMP will I have alcoholic beverages or illegal drugs in my residence, or the residence I reside in.
9. I agree to remove all firearms from my residence, or the residence I reside in, while I am on EMP.

DISCIPLINE PROCESS FOR RULE VIOLATION(S)

While participating in the Electronic Monitoring Program, inmates remain under the jurisdiction of the Green Lake County Correctional Facility. **Any rule violation may result in immediate removal from the program, and the inmate will be returned to jail to serve the remainder of his/her sentence.** All rule violations will be acted upon on a case-by-case basis. Inmates may be given a warning for a violation; however, a warning is not required prior to termination from the program. An inmate's Huber Law/work release privileges may be revoked upon his/her termination from the Electronic Monitoring Program, depending on the nature of the violation. Failure to comply with his/her schedule properly may result in the inmate being charged with escape.

**Green Lake County Correctional Facility
Electronic Monitoring Program
Green Lake County, Wisconsin**

POTENTIAL RESPONSES TO RULE VIOLATIONS

- Verbal warning
- Return to Jail/Huber for a period of time (to be determined by the program director or corrections administrator)
- **Removal from the Electronic Monitoring Program**
- Revocation or supervision of Huber Law/Work Release privileges
- Loss of good time
- Criminal charges
- Forfeiture penalty of not less than \$30 nor more than \$500 plus costs

FEES

- \$20 per day – GPS only
- \$25 per day – GPS & Alcohol monitor
- \$25 per day – GPS only (transfer from other county)
- \$30 per day – GPS & Alcohol monitor (transfer)
- \$35 initial hook-up (includes drug & alcohol test)

**Green Lake County Correctional Facility
Electronic Monitoring Program
Green Lake County, Wisconsin**

APPLICATION FOR ELECTRONIC MONITORING PROGRAM (EMP)

Personal Information

Applicant name: _____

Address: _____

City: _____ Zip: _____ County: _____

Telephone #: _____ Social Security # _____

Date of birth: _____ Sex: _____ Race: _____ Height: _____ Weight: _____

Eye color: _____ Hair color: _____ Scars/marks/tattoos, etc.: _____

Marital status: (check one) Married Single Divorced Separated

How long at above address: _____

Do you rent or own residence: Rent Own Other: _____

List all people living with you:

	Name	Age	Relationship
1.	_____		
2.	_____		
3.	_____		
4.	_____		

If divorced and have children, do you have visitation privileges? Yes No

If yes, names/ages of children: _____

Name/Address/Phone # of custodial parent: _____

Do you have special family circumstances we should know about? Yes No

Explain: _____

**Green Lake County Correctional Facility
Electronic Monitoring Program
Green Lake County, Wisconsin**

Medical Documentation

What are your disabilities or special medical conditions? _____

Are you currently taking a prescribed medication? Yes No

Name of medication(s) and dosage: _____

Name and location of Doctor(s): _____

Have you ever been treated for drug or alcohol abuse? Yes No

Location and reason for treatment: _____

Do you have regularly scheduled appointments besides work (i.e. treatment, counseling)?

In the space provided, give a short explanation as to why you believe you should be eligible for this program.

You may provide a written recommendation from you doctor. This recommendation will be shared with Green Lake County Correctional Facility medical staff, while considering your application.

**Green Lake County Correctional Facility
Electronic Monitoring Program
Green Lake County, Wisconsin**

Employment Information

Employer: _____

Address: _____

City: _____ Zip: _____ County: _____

Telephone #: _____ Type of Work: _____

Weekly work hours (day/time): _____

Length of employment: _____

Does your job location vary? Yes No

Does your supervisor work on site with you? Yes No

Does your job take you out of the county? Yes No

Are you self-employed (proof required)? Yes No

Will you have transportation that meets Huber requirements? Yes No

Explain transportation and how it meets Huber requirements: _____

Criminal History

What is the current charge(s) you are in jail for? _____

What is the length of your sentence? _____

Do you have any charges pending (list charges/jurisdiction)? Yes No

1. _____

2. _____

Are you currently on probation or parole? Yes No

If yes, what charge(s) are you on probation for?

1. _____

2. _____

3. _____

If yes, who is your probation agent?

**Green Lake County Correctional Facility
Electronic Monitoring Program
Green Lake County, Wisconsin**

Have you ever been convicted of a Domestic Abuse related charge? Yes No

If yes, when? _____ Victim's name: _____

Do you have any restraining orders or injunctions? Yes No

If yes, name and address of respondent/petitioner: _____

I believe the information provided by me to be true and correct, to the best of my knowledge. I understand that purposeful omissions or inaccuracies, on my part, will be reason for my immediate disqualification from consideration for the program.

Inmate signature: _____ Date: _____

Information verified by: _____

Program Director

Date

Facility Nurse

Date

Approved/Denied by: _____

Corrections Administrator

Date

**Green Lake County Correctional Facility
Electronic Monitoring Program
Green Lake County, Wisconsin**

Inmate Contract

This document constitutes an agreement made by the applicant with the Green Lake County Correctional Facility for the purpose of participating in the Electronic Monitoring Program (EMP).

The applicant pledges that all information given to corrections staff during the application and classification process is true to the best of his/her knowledge.

The applicant acknowledges having received a copy of the rules of the EMP program and has had the opportunity to discuss them with program director.

The applicant acknowledges that he/she understands the rules of EMP, and agrees to comply with them. **Failure to comply with the rules will result in disciplinary actions that may include: removal from EMP and completing the sentence in the jail, loss of good time and suspension or revocation of Huber law privileges.**

The applicant releases the Green Lake County Sheriff's Office, the Green Lake County Correctional Facility, its personnel and the vendor from any liability associated with my participation in EMP.

The applicant agrees that upon completion of the program, all of the program equipment issued to him/her shall be returned to the appropriate corrections official in clean operable condition or the cost of repairing, servicing or replacing the equipment will be assessed against the applicant.

The applicant agrees to comply with all lawful orders and instructions issued by Green Lake County Correctional Facility staff or law enforcement officers.

The applicant agrees to report to the program director, weekly as assigned.

My signature confirms the above, as well as my receipt of EMP equipment.

Applicant name (print): _____

Signature: _____ Date: _____

Program director signature: _____

Scheduled weekly report date: _____