

**GREEN LAKE COUNTY CORRECTIONAL FACILITY**  
**ELECTRONIC MONITORING PROGRAM**  
**BOOKLET/APPLICATION**

Green Lake County Sheriff's Office  
571 County Road A  
Green Lake, WI 54941  
(920) 294-4059  
(920) 294-4195 Fax



**Sheriff – Mark Podoll**  
**Corrections Administrator – Lori Leahy**  
**Program Directors – Sgt. Samantha Koscher & Sgt. Joseph Stigen**

**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, have Huber privileges and be willing to provide medical documentation, if applicable, for the necessity of the request.

Applicants to EMP must complete and submit this booklet, make contact with the Corrections EMP Program Director 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 sent to the applicant.

To be placed on EMP, for a medical condition, the applicant must submit 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.**

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. **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.**

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
- Escape convictions (past or present)
- Serving an ES Sanction sentence
- Serving a Condition of Probation sentence.

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**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 also result in a loss of Huber Law privileges and/or other criminal charges. See Discipline Process for Rule Violation(s).

1. You are required to serve a section of your sentence in jail-this will be determined by the program director.
2. I agree to reside at the approved residence, at all times, authorized by the Sheriff or program director.
3. 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 land-line telephone for this program. I also agree to keep my telephone in good working order and pay all telephone and electric expenses that may be caused by participation in the Electronic Monitoring Program. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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).
9. I understand that I must receive permission from Corrections EMP Program Director 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, appointments, 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.

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3. I understand that I must advise Corrections EMP Program Director immediately of any changes in work hours caused by sick-time, lay-off, overtime, vacation time, new employment, etc. Non-emergency schedule changes must be submitted, in writing, least 48 hours in advance for approval. 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 the Corrections **EMP Program Director (920) 294-4059, Ext. #2** between 8:00 a.m. and 4:00 p.m.

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.

**FEES (See attached fee schedule)**

1. 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 upon program start-up.
2. A one-time hook-up fee will be charged to be placed on EMP, also paid up on start-up.
3. An additional fee may be charged for mileage from the Green Lake County Correctional Facility to my home, for an in-home hook-up.
4. I agree to pay, in advance, the weekly fees 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.
5. I am responsible for making sure all fees are paid/current. Deposits acceptable in cash or money order. Personal checks **will not** be accepted. A negative balance can be treated as a rule violation, subject to discipline.
6. I will report to the Green Lake County Correctional Facility once a week at scheduled times to make payments, submit a work schedule and appointment requests for approval. My schedule must be for two weeks in advance.

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**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. Visitors are not allowed at my residence. Any necessary visits relating to medical treatment (i.e. visiting nurse, oxygen delivery etc.) need to 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 disciplined 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.

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**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**

**Set up Fees**

- \$10 Drug Testing
- \$35 Initial hook-up

**Daily Fee Schedule**

- \$23 per day – GPS only
- \$28 per day – GPS & Alcohol monitor
- \$25 per day – GPS only (transfer from other county)
- \$30 per day – GPS & Alcohol monitor (transfer)

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**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: \_\_\_\_\_

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**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.**



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**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**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?

\_\_\_\_\_

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: \_\_\_\_\_

Programs Director

Date

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**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 EMP 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: \_\_\_\_\_

## Authorization for Release of Offender Medical Health Information

This Authorization may not be used for mental health or substance abuse treatment information

Correctional Healthcare Companies will not condition treatment on this authorization. If authorizing disclosure to persons or organizations that are not health plans, covered health plans, covered health care providers or health care clearinghouses subject to federal health information privacy laws, they may further disclose the protected health information. However, genetic testing or HIV/AIDS information disclosed pursuant to this authorization may not be further disclosed except pursuant to authorization.

I hereby authorize \_\_\_\_\_ to release  
Facility

\_\_\_\_\_ State specific Medical Health information to be disclosed including date(s) or date range  
 \_\_\_\_\_  
 \_\_\_\_\_

At Request of Offender and/or: \_\_\_\_\_ Purpose of disclosure  
Purpose of disclosure

From the records of \_\_\_\_\_ ID# / DOB \_\_\_\_\_ Print Offender's Name

to:  Self  Authorized Attorney  Health Care Facility  Other: \_\_\_\_\_

Name: \_\_\_\_\_  
Print Name

Address: \_\_\_\_\_  
Street Address City State Zip Code

I hereby release and hold harmless Correctional Healthcare Companies and its employees from any liability which may occur as a result of the disclosure or dissemination of the records or information contained therein resulting from the access permitted to the authorized attorney, health care facility, other as specified, or self. Records disclosed may contain confidential medical information including HIV disease information. I understand that I have the right to revoke this authorization at any time prior to disclosure by giving written notice (witnessed by someone who knows my identity) to the Facility Privacy Officer.

**Expiration:** This authorization will expire (complete one):

45 days from date of signature

Upon the occurrence of the following event (must relate to the individual or purpose of the authorization):  
 \_\_\_\_\_

**Signature:**

\_\_\_\_\_  
Signature of Offender or Person Authorized to Consent Relationship Date

(File the signed authorization in the Offender's Medical File)  
 (Give Offender a copy if the RHA made the request for release)

CHC Companies include:



Form # 00026  
 Authority: J-H-02  
 Effective Date: 4/1/2009

**Authorization for Release of Offender Mental Health or Substance Abuse Treatment Information**  
This Authorization may not be used for medical health information

Correctional Healthcare Companies will not condition treatment on this authorization. Mental health information disclosed pursuant to this authorization may not be further disclosed except pursuant to authorization from the offender or offender's representative. If this authorization is for psychotherapy notes, it must not be used as an authorization for any other type of protected health information.

I hereby authorize \_\_\_\_\_ to release  
\_\_\_\_\_ Facility

**Section A: Mental Health Information (as described below):**

\_\_\_\_\_ State specific Mental Health information to be disclosed including date(s) or date range  
\_\_\_\_\_  
\_\_\_\_\_

**Section B: Substance Abuse Treatment Information (as indicated below):**

If Substance Abuse Treatment records are being authorized, initial all relevant areas below:

_____ Diagnosis	_____ Toxicological Reports/Drug Screens	_____ Educational Information
_____ Evaluation/Assessment	_____ Medication Management Information	_____ Attendance in Treatment
_____ Treatment Plan	_____ Summary of Treatment Services	_____ Treatment Progress Report
_____ Continuing Care Plan	_____ Other (specify): _____	

Include date(s) or date range: \_\_\_\_\_

At Request of Offender and/or: \_\_\_\_\_ Purpose of disclosure \_\_\_\_\_

From the records of \_\_\_\_\_ ID# / DOB \_\_\_\_\_ Print Offender's Name \_\_\_\_\_

to:  Self  Authorized Attorney  Health Care Facility  Other: \_\_\_\_\_

Name: \_\_\_\_\_ Print Name \_\_\_\_\_

Address: \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I hereby release and hold harmless Correctional Healthcare Companies, and its employees from any liability which may occur as a result of the disclosure or dissemination of the records or information contained therein resulting from the access permitted to the authorized attorney, health care facility, other as specified, or self. I understand that I have the right to revoke this authorization at any time prior to disclosure by giving written notice (witnessed by someone who knows my identity) to the Facility Privacy Officer.

**Expiration:** This authorization will expire (complete one):

- 45 days from date of signature
- Upon the occurrence of the following event (must relate to the individual or purpose of the authorization):  
\_\_\_\_\_

**Signature:**

\_\_\_\_\_  
Signature of Offender or Person Authorized to Consent Relationship \_\_\_\_\_ Date \_\_\_\_\_

**Witness:**

\_\_\_\_\_  
Print Name Title \_\_\_\_\_

\_\_\_\_\_  
Signature Date \_\_\_\_\_

(File the signed authorization in the Offender's Medical File)  
(Give Offender a copy if the RHA made the request for release)

CHC Companies include:



Form # 00027  
Authority: J-H-02  
Effective Date: 4/1/2009