Kewaunee County Sheriff’s Department ~ Jail Division

Huber and EMP Packet

Name Date of Birth

Address

City State Zip County

How long lived at above address Rent or Own (Circle One)

Telephone # Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Security #

Sex Race Height Weight Eye color Hair color Marital Status

Scars/Marks/Tattoos/Etc.

Name of persons living with you DOB Relationship

List any weapons kept in the home

Do you have childcare privileges? Do you have special circumstances?

Explain:

Do you have any disabilities or special medical conditions?

Explain:

Are you currently taking a prescribed medication? Doctor

Name of medication(s)

Have you ever been treated for drug or alcohol abuse? If so, when?

Location and reason for treatment

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

Explain:

EMPLOYMENT INFORMATION:

Employer Position

Address

City Zip County

Supervisors name Telephone #

Length of employment Hourly wage or salary

Pay period Weekly work hours (days/time)

Does your supervisor work on site with you? Does your job location vary?

Explain

Do you have transportation? Explain

CRIMINAL INFORMATION:

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

What is the length of your sentence?

When is your scheduled release date?

Do you have any charges pending? List charges & jurisdiction

Are you currently on probation/parole? Agents name and phone #

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

Have you ever been convicted of a domestic charge? If yes, when?

Who is the victim? Have you been charged with a crime against a person?

If yes, explain:

Do you have, or have you ever had, any restraining orders/injunctions against you?

If yes, explain

List all previous criminal charges:

Charge Date Jurisdiction Disposition

I agree that the above information is true and accurate. Any information that I provide that misleads any member of the Kewaunee County Sheriff’s Department will result in me being disqualified from the program and could result in disciplinary actions against me.

I also understand that completion of this application DOES NOT guarantee that I will be accepted on the Electronic Monitoring Program.

Inmate Signature Date

Huber Officer Date

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Do Not Write Below This Line\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Approved Yes No ID Number

Start Date

End Date

Unit Serial Number

Accessories Provided

Kewaunee County Sheriff’s Department ~ Jail Division

Electronic Monitoring Equipment Responsibility Acknowledgment

The equipment used for the Electronic Monitoring Program is the property of the Monitoring Company under current contract with the Kewaunee County Jail.

This equipment is provided to you for the use of the program. You are expected to care for the equipment. Any damage that is incurred by you, or while you are on the program, is your responsibility. You will be required to pay for any damages and the amount will be deducted from your account. Any misuse or intentional damage to any of the equipment may result in criminal charges. Suspension / Revocation of Huber privileges and / or the monitoring program itself may occur if you do not properly maintain the equipment.

* I understand that I am being provided with electronic monitoring equipment for use while I am on the Electronic Monitoring Program. *Initials*
* I understand that this equipment remains the property of the Kewaunee County Jail and / or the company under contract with the Kewaunee County Jail. *Initials*
* I understand that while this equipment is in my possession, that I am responsible for the care and general condition of the equipment and accept responsibility for maintaining it. *Initials*
* I further understand that if any damage is done to this equipment, I will make restitution to the Kewaunee County Jail for its repair or replacement. This includes any damage while in my care either accidental or intentional and caused by either myself or others. *Initials*
* I understand that any amount that is needed to repair or replace the equipment will be deducted from my jail account or billed to me. *Initials*
* I further understand that if I do not comply with these requirements, that I may be charged criminally and / or my Huber and Electronic Monitoring Status may be suspended or revoked. *Initials*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Huber Officer Date

**Kewaunee County Sheriff’s Department**

**Electronic Monitoring Program and Huber – Rules and Regulations Sign-Off**

**Introduction to the Program:**

The Kewaunee County Sheriff’s Department Electronic Monitoring Program is an opportunity that is available to inmates that meet specific qualifications. The Electronic Monitoring Program is a change in housing assignment-not a right. The Electronic Monitoring Program allows inmates to serve their jail sentence outside the jail. This will allow them to maintain family relationships and fulfill their employment responsibilities more efficiently.

To be placed on electronic monitoring an inmate must be serious about serving their sentence in a cooperative and positive manner. Inmates who are not able to abide by the rules of the Program will lose the benefits the program offers and will be returned to the jail. At the discretion of the Huber Officer, inmates selected for the program may do all or only part of their sentence on the program. Inmates will be required to sign an agreement to follow all program rules.

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

**Rules and Regulation:**

1. **I agree to reside at an approved residence at all times as authorized by the Kewaunee County Huber Officer. I must get permission prior to another person moving into my residence. No visitors are allowed at the residence no matter who they are there to visit unless pre-approved by the Huber Officer. INITIALS\_\_\_\_\_\_\_\_\_\_**
2. **I must answer the phone at all times. I must have a working telephone without any custom features such as privacy manager or call blocking. I am not allowed to have the internet connected to my telephone line. I also agree to keep my phone in good working condition and my telephone bill paid. INITIALS\_\_\_\_\_\_\_\_\_\_**
3. **If my telephone or electricity is disconnected or fails to work for any reason, I will return to the Kewaunee County Jail. INITIALS\_\_\_\_\_\_\_\_\_\_**
4. **I understand that Kewaunee County does not have any responsibility to provide food, clothing, dental or other medical care etc. during my participation in this program. INITIALS\_\_\_\_\_\_\_\_\_\_**
5. **I agree that I will reveal my current health status to any staff member and will also notify them of any pre-existing medical conditions that I am aware of such as pregnancy, diabetes or any type of known skin disorder or condition. INITIALS\_\_\_\_\_\_\_\_\_\_**
6. **I agree to allow the Kewaunee County Sheriff’s Dept. or any Law Enforcement Officer including a K-9 unit to enter my residence at any time to ensure that I am complying with the rules of the program, and inspect the program equipment. I must also answer the door for Law Enforcement at all times. INITIALS\_\_\_\_\_\_\_\_\_\_**
7. **I agree to allow the Kewaunee County Sheriff’s Dept. or any Law Enforcement Officer including a K-9 unit to search my residence, my person or any vehicle that I use for possible violations of any jail, ordinance, county, state or federal laws. INITIALS\_\_\_\_\_\_\_\_\_\_**
8. **I will not present false information to any staff member while on the program. INITIALS\_\_\_\_\_\_\_\_\_\_**
9. **I agree to comply with all verbal and written instructions from the staff of the Kewaunee County Sheriff’s Dept. INITIALS\_\_\_\_\_\_\_\_\_\_**
10. **I agree to comply with all federal, state, and local laws, ordinances and any rules of supervision set up through Probation and Parole. I will report any contact with Law Enforcement (other than compliance checks) to the Huber Officer immediately. INITIALS\_\_\_\_\_\_\_\_\_\_**
11. **I understand that I will be charged an electronic monitoring fee. I must pay the fees for participation in the Electronic Monitoring Program. Failure to pay my fees may result in disciplinary action. If I cannot afford the fees initially, I may be billed those fees. Failure to make payments on those fees may result in my account with the Kewaunee County Jail being turned over to a collections agency. INITIALS\_\_\_\_\_\_\_\_\_\_**
12. **I may be directed to turn over paychecks or other earnings to the Huber Officer to assure that fees are paid while on the electronic monitoring program. INITIALS\_\_\_\_\_\_\_\_\_\_**
13. **If I am a participant in the electronic monitoring program for less than 20 days, I must prepay all associated fees for the electronic monitoring program and work release privileges. INITIALS\_\_\_\_\_\_\_\_\_\_**
14. **I understand that I cannot possess or use any drugs (legal or illegal) that have not been prescribed by a physician. This includes all over the counter/non-prescription medication. I also understand that I will be required to submit to scheduled and random drug and alcohol screenings at my expense. INITIALS\_\_\_\_\_\_\_\_\_\_**
15. **I understand that I cannot possess or consume any product containing alcohol at any time while on the program. At the time of my initial turn in, I will be 100% sober. INITIALS\_\_\_\_\_\_\_\_\_\_**
16. **I understand that I may not have any weapons or ammunition on my property while on the program. INITIALS\_\_\_\_\_\_\_\_\_\_**
17. **I understand that I must remain at my approved residence on home detention at all times, unless I have specific authorization to leave. I will be granted work release privileges to leave for up to 12 hrs. per day / 6 days per week. INITIALS\_\_\_\_\_\_\_\_\_\_**
18. **I understand that I am only allowed to reside and work in Kewaunee County or adjacent counties. INITIALS\_\_\_\_\_\_\_\_\_\_**
19. **I understand that if I must leave my residence at any time outside of my approved schedule I will get permission from the Huber Officer. If no answer I will leave a message and wait for a response. I understand that I must get permission to go outside of placement site. INITIALS\_\_\_\_\_\_\_\_\_\_**
20. **I agree to maintain my employment and any participation in any schooling or counseling programs as approved by the Huber Officer, and according to my weekly schedule. I will notify the Huber Officer immediately of any changes caused by sick time, lay off, overtime, vacation time, new employment etc. INITIALS\_\_\_\_\_\_\_\_\_\_**
21. **I will report to the Huber Officer and I will schedule all activities at least one week in advance. INITIALS\_\_\_\_\_\_\_\_\_\_**
22. **While on electronic monitoring I cannot work for any other inmate of any institution. INITIALS\_\_\_\_\_\_\_\_\_\_**
23. **I understand that all movement will be traced and stored as an official record. There will be no unauthorized stops, I will go directly to my approved destination, remain there, and return to my placement site when finished. INITIALS\_\_\_\_\_\_\_\_\_\_**
24. **I accept responsibility for the care of the electronic monitoring equipment issued to me. 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. INITIALS\_\_\_\_\_\_\_\_\_\_**
25. **I will not tamper with the electronic monitoring equipment in any way, nor will I remove or attempt to remove the bracelet, or place any obstruction material between the bracelet and skin. INITIALS\_\_\_\_\_\_\_\_\_\_**
26. **I understand that I must charge my bracelet according to the procedures that I have been shown. INITIALS\_\_\_\_\_\_\_\_\_\_**
27. **I am not allowed to go swimming, take a bath, or take my bracelet into water. I am only allowed to take a shower. If I submerge my bracelet in water it will be considered an attempt to defeat it and will be handled in the same manner as a tamper or obstruction. INITIALS\_\_\_\_\_\_\_\_\_\_**
28. **I agree that when showering, I will thoroughly clean the area around the bracelet with soap and water. I will thoroughly rinse the area with clean water and dry thoroughly. I understand that failure to rinse away all soap and dry the area around the bracelet may result in a skin rash. INITIALS\_\_\_\_\_\_\_\_\_\_**
29. **I am not allowed to go into a tanning bed, or tan while on the program. INITIALS\_\_\_\_\_\_\_\_\_\_**
30. **I will review the Kewaunee County Sheriff’s Department Electronic Monitoring Program Packet and agree to follow information contained in that packet. INITIALS\_\_\_\_\_\_\_\_\_\_**
31. **I will review the Electronic Monitoring Responsibility form and agree to follow the information contained in that form. INITIALS\_\_\_\_\_\_\_\_\_\_**
32. **I will complete an application for participation in the Electronic Monitoring Program and will provide true and accurate information on said form. INITIALS\_\_\_\_\_\_\_\_\_\_**
33. **I will complete a Financial History form and all information provided will be true and accurate. INITIALS\_\_\_\_\_\_\_\_\_\_**
34. **I will immediately contact the Huber Officer with any damages or malfunctions in the electronic monitoring equipment. INITIALS\_\_\_\_\_\_\_\_\_\_**
35. **I will not forge or alter any Kewaunee County Jail Division document. INITIALS\_\_\_\_\_\_\_\_\_\_**
36. **I agree not to conduct any type(s) of activities while on the Electronic Monitoring Program that would put me or someone else at risk of injury, severe injury or death. INITIALS\_\_\_\_\_\_\_\_\_\_**
37. **I agree that if any bills or debts, medical or otherwise are incurred while on my participation in the Electronic Monitoring Program, that I acknowledge, agree to and take responsibility for said bills or debts. INITIALS\_\_\_\_\_\_\_\_\_\_**

**I have read and understand the above rules of the Kewaunee County Sheriff’s Department Electronic Monitoring Program. I understand that my participation in this program is voluntary, and by volunteering for this program I agree to follow the rules. I understand that all of the rules will remain in effect for the duration of my participation in the program. I understand that any violation of the rules could result in discipline, up to and including loss of Huber Privileges and removal from the Electronic Monitoring Program.**

**POTENTIAL RESPONSES TO RULE VIOLATIONS:**

**Verbal Warning**

**Change of Housing Assignment to the Jail**

**Revocation or Suspension of Huber Law/Work Release Privileges**

**Removal from the Electronic Monitoring Program**

**Loss of Good Time**

**Criminal Charges**

**Signed: Date:**

**Huber Officer: Date:**

**Kewaunee County Sheriff’s Department – Jail Division**

**Employment Contract for Huber Law Inmates**

To the Employer:

This contract is to be filled out and signed by you or an authorized agent and returned to the Kewaunee County Sheriff’s Department to the attention of the Huber Officer. Nothing contained herein shall be construed, to prevent the employer from terminating the employment of the employee. If the employment is terminated, please notify the Sheriff’s Department at your earliest convenience.

I, , of ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Full Name) (Name of Business)

hereby certify that I intend to hire or have under my employment,

(Inmate’s Full Name)

under the Huber Law Program of the Kewaunee County Sheriff’s Department. I guarantee that his / her pay rate is $ per hour or $ per week / month and his / her payday is . His / her hours of employment will be to on the following days of the week:

I understand that no Sunday or Holiday work is allowed without the consent of the Huber Officer. I also understand that he/she is not to leave the company unless it is in connection with his/her occupation.

I guarantee that is covered by a Medical / Liability / Workman’s

(Inmate’s Name)

Comp. Insurance in the amount of $ \_\_\_\_\_\_ in case of personal injury or death. The name of the Insurance Company is and the policy number is .

Please list you Wisconsin Department of Revenue Employer Identification Number:

(If none, write “none”)

Signature of Employer or His / Her Authorized Agent Title

Address:

Date:

Enclosed is a copy of the Kewaunee County Jail Huber Inmate’s Rules and Regulations. Please read them over and make sure the employee follows them. If the employee violates any of the rules, please contact the Kewaunee County Sheriff’s Department at 920-388-3100. Return this completed form to the Huber Officer at the following address as soon as possible:

Kewaunee County Sheriff’s Department

620 Juneau St.

Kewaunee, WI 54216

Thank you,

Kewaunee County Sheriff’s Dept.

**Kewaunee County Sheriff’s Department – Jail Division**

**Financial History Form**

**History:**

Name: D.O.B.: Age:

Address: Phone #:

Social Security #: Spouse’s Name:

Number of Children:

Present Employer: Supervisor:

How long employed: Hours worked: Monthly wage:

Work Phone # : Supervisor’s Phone # :

Previous Employer: How long employed:

Spouse’s Employer: Work Phone #:

**Other Income:** (Indicate *monthly* amount in space provided)

ADC/GA: Child Support: Alimony: Soc. Security: Disability:

Second Job: Food Stamps: Pension: Unemployment:

**Expenses:** (Indicate *monthly* amount in space provided)

Mortgage: Rent: Landlord Expenses: Child Support:

Alimony: Insurance: Other Payments:

**Value of Assets:** (Indicate estimated dollar amount in space provided)

Vehicle #1: Vehicle #2: Snowmobile: RV: Boat:

Other Recreational Equip.: Home: Other Land: Furniture:

TV/Stereo: Weapons: Other Property:

**Miscellaneous Information:**

Any Posted Cash Bond Amount: Which Court(s):

Involved in any Law Suits:

Involved in any Estates / Wills:

Any pending property transactions:

**Comment Section:**

Record any explanations or comments either by defendant or interviewer:

I hereby acknowledge that the above information has been examined by me and it is true and accurate to the best of my knowledge. I also understand that background investigations may be conducted and I authorize that my employer and creditors release information to the Kewaunee County Sheriff’s Department for the purpose of determining my ability to pay reimbursement costs.

**Signed: Date:**

**Kewaunee County Sheriff’s Department – Jail Division**

**Huber Inmate Employment Verification**

**Inmate’s Name:** **File Number:**

**Date of Birth:** **Employer:**

**Sentence:** **Employer Phone Number:**

**Employer Address:**

**Name of Supervisor / Contact Person:**

**Employment Schedule:**

**Is this Full-Time employment?** Yes ( ) No ( )

**Employer’s Insurance Company:** **Policy #:**

**Inmate is covered by:** Worker’s Comp Medical Disability Other .

**Is the Inmate subject to overtime?** Yes ( ) No ( ) **Sunday Work?** Yes ( ) No ( )

**Explain:**

**Is there any other release (childcare, AA, AODA, etc.) explain:**

**Huber Application: Approved:** Yes ( ) No ( )

**Date:**

Signature of Huber Officer

**Kewaunee County Sheriff’s Department – Jail Division**

**Huber Inmate TB Test Requirement**

Pursuant to the Wisconsin Department of Commerce Requirement, State Statute 101.11 and Kewaunee County Tuberculosis (TB) Policy, an inmate committed to the Kewaunee County Jail for a term to exceed 14 days, is subject to a TB test. This test must be completed prior to the arrival of your jail term. You must make arrangements with whomever you wish to perform the test or you may contact the Kewaunee County Public Health Department at 920-388-7160 to schedule an appointment. The Kewaunee County Public Health Department is open Monday thru Friday, from 8:00 am until 4:30 pm.

The test will consist of a small needle prick to your arm. After the test is administered, you will need to return in 48 - 72 hours to have the results read. You may also have a chest X-Ray to satisfy the requirements. The TB test administered by the Kewaunee County Public Health Department will cost you $15.00 and it is your responsibility to cover that charge. Any other test that you schedule will be at your expense also.

A TB test must be completed before you are allowed to go to work, if the test is not completed, you will be held in from work and directed to the Kewaunee County Public Health Department.

You have the right to refuse any such test, but then you may not be allowed full Huber Release Privileges. If you have any questions, you can call the Huber Officer at 920-388-7156.

Please take this form with you and have the person administering the test sign and date it. You must present this form to the Huber Officer when you arrive to start your sentence.

Thank you.

Name of Inmate: Date of Birth:

Type of Test Administered:

Person Administering Test: Date:

Location of Test:

Date and Time of Follow-up Reading:

Person Reading Test:

Test Results:

**Kewaunee County Sheriff’s Department – Jail Division**

**Huber Inmate Work Schedule**

**To the Employee**: It is the responsibility of the employee to have this form completed by the employer and returned to the Kewaunee County Sheriff’s Department. The form must be completed within **two (2)** working days prior to the start of each two-week work period. If not completed and returned as indicated, your work release privileges will be revoked.

**To the Employer**: Please fill out the below information and have the employee return it to the Jail or Huber Officer. It is the employee’s responsibility to see that it is completed and returned. The form must be completed within **two (2)** working days prior to the start of each two-week work period. If not completed and returned as indicated, the employee’s work release privileges will be revoked. The times listed below should be the employee’s actual regular hours of employment. If it is necessary for the employee to work overtime, the Kewaunee County Sheriff’s Department Jail should be notified at 920-388-3100 of the additional hours and their duration. In addition, a written notice, signed by the employee’s supervisor should be sent to the Jail along with the employee on the date that the additional hours are worked.

Inmate Name: Work Schedule Period (Date):

**Normal Work Hours**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Date** | **Start** **Time** | **End Time** | **Day** | **Date** | **Start Time** | **End Time** |
| **Sunday** |  |  |  | **Sunday** |  |  |  |
| **Monday** |  |  |  | **Monday** |  |  |  |
| **Tuesday** |  |  |  | **Tuesday** |  |  |  |
| **Wednesday** |  |  |  | **Wednesday** |  |  |  |
| **Thursday** |  |  |  | **Thursday** |  |  |  |
| **Friday** |  |  |  | **Friday** |  |  |  |
| **Saturday** |  |  |  | **Saturday** |  |  |  |

**Employee is Paid**

Daily ( ) Weekly ( ) Bi-Weekly ( ) Twice Per Month ( ) Monthly ( )

**Employee is paid by**: Check ( ) In Cash ( )

**On what day of the week is the employee normally paid?**

**Employee’s rate of pay is**: $ per

**Is the employee paid in part or in whole by commission?** Yes ( ) No ( )

Employer/Supervisor Signature Date Phone #

**KEWAUNEE COUNTY JAIL RULES AND REGULATIONS FOR HUBER LAW INMATES**

**THESE RULES APPLY TO ALL INMATES SENTENCED UNDER THE HUBER LAW OR AS A CONDITION OF PROBATION. YOU ARE ALSO SUBECT TO ALL JAIL RULES. REMEMBER, HUBER LAW RELEASE IS A PRIVILEGE, NOT A RIGHT. ABUSE OF THAT RIGHT CAN LEAD TO ITS LOSS.**

1. All inmates shall earn at least minimum wage and work in KEWAUNEE COUNTY. No inmate will be allowed to work outside of Kewaunee County without the WRITTEN PERMISSION OF THE JAIL ADMINISTRATOR OR HUBER LAW OFFICER. No inmate will seek NEW EMPLOYMENT WHILE ON WORK RELEASE WITHOUT THE WRITTEN PERMISSION OF THE JAIL ADMINISTRATOR OR HUBER LAW OFFICER. Work outside of Kewaunee County will be in the adjacent counties only. (Door, Manitowoc and Brown Counties).
2. Any changes in your work schedule or place of employment must be approved IN ADVANCE by the Huber Law Officer. If you are laid off or otherwise terminated from your job, you must report this at once to the jailer on duty. In the event that you are required to work overtime, your supervisor must contact the jail prior to the work being done. In addition, he must give you a note (on business stationary) to bring back to the jail. No Huber Inmate will be permitted to work on Sundays or Legal Holidays without the WRITTEN APPROVAL OF THE JAIL ADMINSTRATOR OR HUBER LAW OFFICER. Legal Holidays are defined as: New Years Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and Christmas Day. All non-working hours will be spent in jail.
3. Huber fees are $15.00 per day plus a $5.00 per week laundry charge. All wages, earnings, salary monies, in cash or by check must be turned over in full to the Huber Officer when it is received. You must have a WAGE STATEMENT and a CHECK STUB with it, along with a COPY of your TIME CARD. DO NOT CASH YOUR CHECK OR SPEND ANY OF YOUR MONEY. THIS IS A VIOLATION OF THE RULES. The only deductions are for Federal, State, or Social Security taxes, union dues and wage assignments for child support. Your money will be paid out as required by Section 303.08(5) of the Wisconsin Statutes, in the following order: 1.) Necessary travel expenses to and from work; 2). Court ordered support of dependents, if any; 3) The cost of your board as set by the Kewaunee County Board of Supervisors; This will include an allowance of not more than $40.00 per week; 4) Other incidental expenses; 5) Payment in full or part, of the inmates financial obligations either by written acknowledgment of the inmate or by written judgment, such as fines, restitution, court ordered child support, etc. (Private debts owed to family or friends cannot be paid while an inmate at the jail. These can be taken care of after your release from jail). The balance, if any, of the inmate’s Trust Account WILL BE MAILED TO YOUR HOME ADDRESS UPON DISCHARGE OF JAIL CUSTODY.
4. All inmates come back positive. who leave the jail to exercise their Huber rights are subject to a Urine Analysis (UA) test before being released. The cost of this test, $20, will be covered by the inmate being released. Additionally, inmates out for work release will be charged a minimum of one additional UA test per month regardless of the results. All other random UA tests administered to an inmate will only be charged if the results are positive
5. If you have bills to be paid, request a “Huber Check Request Form”, sign your name and give them to the jailer on duty.
6. If you are sentenced to less than thirty (30) days or do not receive a paycheck during your term with us, you MUST PAY IN ADVANCE. All self-employed inmates, those sentenced for contempt of court or for failure to pay a fine, must also pay their board in advance.
7. You may receive a ¼ reduction of your sentence, as good time, if there have been no violations of these rules or other State and Federal laws. If you are sentenced as a condition of probation, you will receive good time only if the court has ordered it.
8. When you leave the jail to go to work you are to go directly to your place of work, REMAIN at your place of work and RETURN DIRECTLY to the jail when you are finished with work. Unless you have permission from a jailer, do not stop on the way to or from work.
9. You are not allowed to socialize or meet with your family members or friends while you are away from jail. ALL VISITING SHALL BE DONE AT THE JAIL.
10. You may not enter any tavern or other place where alcoholic beverages are sold unless you work there.
11. You may not drink ALCOHOL in any form. Anyone suspected of violating this rule will be required to submit to a breath test. Refusal will result in disciplinary action.
12. You may not use any NON-PRESCRIBED DRUGS OR OTHER ILLEGAL OR CONTROLLED SUBSTANCES. Anyone suspected of violating this rule will be required to submit to a urine test. Refusal to do so will result in disciplinary action.
13. You may not go to your home, at any time without PERMISSION from a jailer.
14. Your means of transportation to and from work must be approved in advance by the Jail Administrator or Huber Law Officer. DO NOT CHANGE your means of transportation without their approval. You may drive your own vehicle as long as you meet the following conditions. You must show a VALID DRIVER’S LICENSE, PROOF OF INSURANCE, AND PROOF OF REGISTRATION. If the vehicle is owned by somebody else, you must have written permission to use it along with that person’s proof of registration and proof in insurance. The permission must be signed in front of a Kewaunee County Sheriff’s Department employee or be notarized. If someone is giving you a ride, that person must show a valid driver’s license, proof of insurance, and proof of registration along with permission to operate the vehicle if they do not own it before you will be allowed to ride with them. The person picking up the Huber inmate must come into the jail and announce to the jailer in person, that they are here to pick up what inmate Exceptions only by approval. Written permission for transportation will be granted by the Jail Administrator or Huber Law Officer after the above criteria have been met.
15. Whenever you leave the jail, for any reason, you must be signed out. Giving false information will result in disciplinary action.
16. You are not allowed to carry in or out any items for yourself or for anyone else in the jail. An officer will inspect any package or bundle and you will be searched. You may be STRIP SEARCHED each time you come into the jail from work or any time you are away from the cell block and not in the company of a Deputy Sheriff.
17. Before leaving for work you must have your bed made and your area cleaned. Failure to do so will result in the loss of your work privileges the following day. You must do your fair share of the cleaning of the cellblock.
18. Huber inmates are not allowed to work for another Huber inmate, nor can they hire another Huber inmate.
19. Money cannot be transferred from the account of one inmate to another.
20. You will not be allowed to carry more than $40.00 on you at any time. All excess cash will be kept in your account.
21. Do not keep valuables of any sort in your cellblock. Kewaunee County will not be responsible for any items lost or destroyed.
22. All inmates shall wear uniforms while in the jail. Any clothing worn for work shall be placed in a locker outside of the cellblock.
23. Medical costs incurred by the Huber Law inmate will be paid for by that inmate. The Huber Officer or jailer must clear all appointments for medical care, with the exception of emergencies, in advance.
24. Job Search: Inmates will be allowed to contact the SEEK Agency out of Green Bay if looking for employment. Inmates are only allowed employment in surrounding counties. Current inmates wishing to visit SEEK or have arranged another job interview may be allowed to leave the jail to make a personal visit if approved by the Huber Officer. You must make this request on an “inmate request” form.
25. Huber inmates will only be allowed to be away from the jail for a maximum of 12 hours on any given day. They will be allowed to be away from the jail for only 6 days, and a maximum of 60 hours during those 6 days. Exceptions by approval only, any other time allowed away from the jail will be subtracted from the 60 hours. (AA. Doctor visits, etc.) Do not try to alter your schedule to get more time out of jail. All schedules are verified with employers.
26. The Sheriff, through the Jail Administrator, may refuse to permit a inmate to exercise his (her) privilege to leave the jail for Huber Law purposes for each violation of these rules or other jail rules. In addition, violation of these rules or jail rules can result in loss of privileges, loss of good time or an inmate’s probation being revoked. Violation of any law or ordinance can result in criminal prosecution.
27. Your Employer must allow unrestricted access to your work site without prior notice for the Huber Law Officer or Jail Administrator. If you are not at your work station your supervisor must be able to take the Huber Officer/Jail Administrator directly to where you are or know your whereabouts. Your employer must provide the Jail Administrator with proof of Workers’ Compensation Insurance before you will be allowed to go to work.
28. All inmate request forms for Huber and/or jail needs must be given to the jailer on duty at least five (5) days ahead of time. All Check requests will require FIVE (5) DAYS NOTICE. You must turn in a request for checks. VERBAL REQUESTS will not be honored.
29. No part time jobs allowed unless established prior to the time of conviction.
30. Childcare means exactly what is stated—CHILD CARE. You will remain at your residence. You will be allowed out of the home, ONLY WITH PERMISSION, for professional appointment, such as Attorney, Social Services, etc. You will need ADVANCE permission from the Jail Administrator or Huber Officer obtained by submitting a request slip to them as far in advance of the appointment as possible. Should an officer be unable to contact you at the residence at which you are out for child care or attempted phone call to that residence not find you there, we will consider you in violation of your release from the jail and appropriate action will be taken. While out of the jail, you will NOT socialize or meet with friends or relatives. All visiting will be done at the jail. Childcare will be for your children only. The child must be yours by MARRIAGE, through ADOPTION or by having a BIRTH CERTIFICATE with you NAMED as the FATHER (MOTHER) on it. If you are providing care for an adult (immediate family only), you must provide medical documentation that the family member is unable to care for him/herself.
31. The hours of the childcare will be the hours you are needed when the other childcare person is at work. You must provide the jail with the name and work schedule of the person who provides care in your absence, on their employer’s business letterhead.
32. Limits on when and how long you can be away from the jail for childcare will be the same as for work release. If you are working and doing childcare, the hours for the two (2) will be added together. All Huber/work release rules apply at all times including the $15.00 per day and $5.00 per week laundry charge.
33. The Kewaunee County Jail will NOT MAKE COPIES for any inmate FREE OF CHARGE. If you are required to have copies of paychecks, stubs, etc. for any reason you will have to make arrangements to have those copies made. If you request the jail to make copies for you the charge will be $1.00 per page.
34. After being admitted to the jail, you will be required to leave all work/street clothing in your assigned locker and will be changed into a jail uniform. All items including clothes, shoes, money, etc., will be placed into your locker. You are responsible for locking your own locker. The jail or jailer is not responsible for items missing from your locker(s). It is NOT RECOMMENDED to keep valuable items in the locker.
35. After the breakfast meal is served, it will be your responsibility to get up and be ready for your work release time and /or other appointments. Jailers will not wake you for this.
36. You will be entitled to 3 meals per day. If you are scheduled to leave the jail for work or other release at least ½ hour prior to a jail meal, you will have an option of a bag lunch or no bag lunch. You must indicate this on your “Inmate work release form”. Thekitchen is closed at 6:00PM. If you are scheduled for work or school during one of the scheduled meals, you will have the option of taking a jail-issued bag lunch. You will need to indicate this on your “Inmate work release form” when you fill it out for the next scheduled time to be released. You must eat the bag lunch at work or school. If you are scheduled to be away from the jail for 2 consecutive meals, you may receive 2 bag lunches, you must sign up for 2. Failure to indicate if you want a lunch or not will be considered as a NO answer.
37. If you are self-employed, you will be required to furnish a federal-tax number. This will be done prior to you being released for work. You will be required to provide a written schedule each day for your daily activities. This schedule must include the address of the work site, phone number at the work site and the times you will be at the work site. Failure to provide staff with a written schedule will result in you being held in from work. Self-employed inmates WILL NOT be allowed to work holidays. Self-employed inmates will be required to provide the jail with proof of injury/accident insurance.
38. Lockdown and Lights out are at 10pm. All inmates in the Huber dorm must be in their bunk at this time. You will not be allowed to be out of your bunk unless you are getting ready for or returning from work. Sitting at the table playing cards, board games or talking will not be allowed.

Huber Law Rules are intended to assist you in learning to respect the rights and property of others. This Inmate Handbook has been prepared for your benefit. You should read it carefully and completely so that you know what conduct is expected of you, and what services are available.

I have read or have had read to me the above Huber Law Rules. I understand and will follow these rules during my commitment to the Kewaunee County Jail. I understand that if I violate any of these rules, I may face criminal charges, incur discipline or lose my Huber Law work release privileges. I also understand that I am not to use any type of intoxicating substance while out of the jail for work/school release. I hereby consent to submit to a test(s) of my breath, blood or urine for the purpose of testing for intoxication or the use of drugs. I understand I may be tested at any time while an inmate of the Jail.

**Signed: \_\_\_**  **Date:**

**Inmate**

**Huber Officer: Date:**

**Huber Billing**

As an incarcerated inmate at the Kewaunee County Jail, the following rules apply while utilizing Huber privileges:

* Inmates on the electronic monitor will be charged electronic monitoring fees. You must pay the fees for participation in the electronic monitoring program. Failure to pay those fees may result in disciplinary action. If you cannot afford to pay the startup fee, booking fee, UA fee, and first two weeks of EMP and Huber fees, you may not be allowed to utilize the electronic monitor.
* If you participate in the electronic monitoring program for less than 30 days, you must prepay all associated fees for the electronic monitoring program and work release privileges.

Huber billing is done every 15 days. Your account will be charged the first and fifteenth day of the month.

Huber fees: $15.00 per day

Ankle monitor fees: $15.00 per day

Remote Breath fees: $15.00 per day

EMP Startup fee: $100.00

Booking fee: $25.00

UA fee: $20.00

Transfer fee: $150.00

Please note not all charges apply to everyone. It depends what program you are utilizing.

Failure to adhere of these rules may be a loss of good time and/or Huber privileges.

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Signature of Applicant Date

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Huber Officer Date