

CALUMET COUNTY SHERIFF'S OFFICE

Mark D. Wiegert

Calumet County Jail

206 Court Street, Chilton, WI 53014

Phone (920) 849-1447 – Fax (920) 849-1431

Electronic Monitoring Questionnaire

Applicants Name: _____ Pin Number: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Social Security Number: _____
Scars/Marks/Tattoos: _____
Race: _____ Sex: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
Marital Status: Single Married Divorced Separated
Home Phone Number: _____ Cell Phone Number: _____
Pager Number: _____ How long have you lived at your present residence: _____
Place of Birth: _____

Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Employer's Phone Number: _____ Extension Number: _____
Supervisor's Name: _____
Supervisor's Work Hours: _____ Work Days: _____
Supervisor's Cell Phone Number: _____ Extension Number: _____
How long have you been employed with your present employer _____
Travel Time: _____ Occupation: _____

Offense (1) _____ Case # _____
Sentence: _____ TRD: _____

Offense (2) _____ Case # _____
Sentence: _____ TRD: _____

Offense (3) _____ Case # _____
Sentence: _____ TRD: _____

Offense (4) _____ Case # _____
Sentence: _____ TRD: _____

EMP Start Date: _____ EMP Release Date: _____

Person(s) living with – Adults over 18 years of age:

Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

Minors(s) living with – Under 18 years of age:

Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

Are the person(s) living with you willing to cooperate with the rules and conditions of the program?

Yes No

Parents' Names:

Father: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____

Mother: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____

Closest Relative (if not married):

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____

How is your physical health at this time? Please describe: _____

Are you currently under a doctor's care? Yes No

If yes, list the name of doctor: _____

Location: _____

Are you currently taking prescription medications? Yes No

If yes, list the names of the medication(s): _____

Have you ever been treated for alcohol abuse? Yes No

Have you ever been treated for drug abuse? Yes No

Have you ever been arrested/convicted of a drug offense? Yes No

Have you ever been treated for psychiatric or psychological problems? Yes No

Are you currently under treatment for any of the above? Yes No

If yes, list name of doctor: _____ Location: _____

Have you ever been convicted of a weapons offense? Yes No

Have you ever been convicted of a sexual assault? Yes No

Have you ever escaped or walked away from the county jail? Yes No

Drug Unit – Is there an in-house drug file/input from drug unit? Yes No

Previous serious jail violations: _____