

CALUMET COUNTY JAIL

206 Court Street

Chilton, WI 53014

Phone: (920) 849-1447/Fax: (920) 849-1489

Website: www.calumetcounty.org

Calumet County Jail reporting dates are Wednesdays between 12:30 p.m. and 7:30 p.m.

Please call (920) 849-1447 to schedule a date and time.

Medical booking will be done when nurse is here.

HUBER/WORK RELEASE RULES AND REQUIREMENTS

1. If convicted of an alcohol related offense, you must have scheduled and paid for the AODA assessment prior to reporting. Please bring proof with you on the report date.
2. You will be charged a \$25 booking fee, \$1.50 for hygiene products and \$20 a day for Huber fees. Please bring one week's worth of Huber fees with you on the day your report. The total amount one week Huber fees, booking fee and hygiene will be \$166.50. If you fall behind on payment of Huber Fees, you may not be released for work.
3. If you are currently taking any medications, please bring them with you in a current prescription bottle. You are responsible for your prescriptions and getting them filled.
4. You must report clean and sober. You will be tested upon arrival. If you are not clean it may delay your work release.
5. If you are going to drive yourself to work, you must bring with you proof of current registration and insurance for the vehicle that you will be driving. Please park in the south parking lot across the street from the county building furthest row back. If you will be having someone else drive you they must provide us with their driver's license, current registration and proof of insurance for the vehicle.
6. You must call ahead and schedule a day to report to the jail.
7. All employment must be verified before you are allowed to go to work.
8. Any employment involving family or relatives must be approved by a supervisor.

Prior to reporting to the jail to serve your sentence, you must complete the following forms and/or bring in the required information:

1. Work Information Form
2. Work Schedule on Company Letterhead
3. Self Employed Daily Itinerary Form

Reporting to the jail without properly completing these forms may delay your release for work until the information is obtained and verified.

Inmates must report to jail sober. Failure to do so will delay your release for work.

A complete list of necessary and/or allowable clothing, hygiene and other items can be found within this document. Items marked with an asterisk* must be new

and sealed in a company brand package. Replacement items/products must be purchased from the Jail Commissary.

As a Huber/Work Release Inmate, you are subject to the conditions and rules imposed by the court, as well as all the general rules of the facility and discipline of the sheriff/designee. It is your responsibility to become familiar with the rules and regulations of the Huber facility.

EARNINGS AND DISBURSEMENTS:

All inmates' earnings, including unemployment compensation and unemployment training benefits, must be turned over to the on-duty correctional officer for deposit. All cash earnings and payroll checks must be accompanied by a statement of earning and hours worked (check stubs, etc.). Payroll checks must be endorsed by the payee.

An Inmate's money will be paid out as required by Section 303.08(3) of the Wisconsin Statutes, (1) the cost of the inmate's board as set by the Calumet County Board of Supervisors, the inmate must maintain a balance in their account to cover their Huber board from paycheck to paycheck; (2) medical expenses, (3) necessary travel and other incidental expenses. This will include an allowance of one check per week; (3) court ordered obligations, (4) payment of bills.

A disbursement book will be made available to you by the on-duty correctional officer once a week on Wednesdays only. The disbursement request(s) must be filled out neatly, completely, and legibly to be considered. The disbursements will be provided as soon as feasible (depending on the availability of the jail sergeant or administrative assistant)

Inmates will be charged a fee to be determined by the bank for any lost, stolen, or stop payment checks. Inmates will be charged a \$25.00 fee by the jail plus any fees incurred by the bank for any voided or incorrectly issued checks. The balance of a Huber/Work Release account will be returned to said Huber/Work Release Inmate upon release.

ROOM AND BOARD:

All Calumet County Huber/Work Release Inmates who have been sentenced to fifteen days or less, serving consecutive weekends, or those who will not receive a paycheck during their sentence, shall pay their Huber room and board in advance.

Huber transfers must pay two week's room and board in advance as a condition of acceptance as a transfer. A \$15.00 administrative fee is also required.

WORK REQUIREMENTS:

Huber/Work Release Inmates who are serving in the Calumet County Jail are to meet the requirements listed below. If they do not meet these requirements, they will **NOT** be let out for work.

- Complete employment info sheet
- Provide a letter from employer on company letterhead with work hours
- If inmate is approved for childcare, they must complete the childcare sheet
- Provide a valid driver's license of inmate or inmate's driver(s)

- Inmates cannot change their transportation without approval from correctional staff
- Provide valid proof of insurance for inmate or inmate's driver(s)
- Provide valid motor vehicle registration for inmate or inmate's driver(s)
- Self-employed Hubers must have proof of State and Federal Tax Identification
 - Allowed to work up to 8 hours per day plus travel time.
 - Required to pay at least 2 weeks room and board in advance and booking fee.
 - Must provide a written itinerary before each work day
 - Change of job site, must contact the correctional staff
- For OWI convictions –
 - Must be in compliance with Operating While Under the Influence of an Intoxicant or other drug assessment and driver safety plan
 - Proof of interlock being installed into vehicle within 2 weeks of being in jail
- Must earn at least minimum wage for hours worked
- Must work at primary job only
- Inmates are allowed to work 6 days per week, no more than 12 hours per day including travel time and childcare
- Self-employed Hubers are allowed to work 6 days per week, no more than 8 hours per day plus travel time and childcare
- Inmates may join a union, although their status as Huber work release inmates can restrict their activities in union affairs.

Inmates will be released from the facility by the corrections staff in a reasonable amount of time to report to work. A Huber must have advanced approval by a Sergeant if riding with another Huber. It may be considered if they work at the same employer and have same hours.

Hubers will not be allowed to work (including childcare) on legal holidays unless there is an appropriate written request from their employer and approval is received by the jail sergeant at least 72 hours prior to the requested shift. No work on Christmas, Thanksgiving, Easter, New Years Day, 4th of July, Memorial Day and Labor Day.

All changes to work schedules must be approved by a Sergeant or Lieutenant. If no Sergeant or Lieutenant is available, the schedule change will be denied.

Overtime when required:

- Supervisor must contact the jail prior to normal quitting time
- Written notification from employer must accompany inmate back to jail
- If overtime for a future date is scheduled, a letter from supervisor on company letterhead must be submitted in advance.

Meals will be served to Huber/Work Release Inmates if they are in jail at mealtime. During hours away from jail, inmates will be provided with a bag lunch. Inmates will be given a bag lunch for the meal(s) that occur during their time of work. All lunches will be consumed at the place of employment. Inmates are not allowed to leave their place of employment or worksite for a break or lunch.

WORK SEARCH:

The jail will not assist inmates with work search. It is the inmate's responsibility to do so before they report to jail. When an inmate is given approval by the court to attend an educational /vocational program while incarcerated, an inmate must show proof that they are currently enrolled and attending the program prior to starting their sentence. Applications for employment can be dropped off, faxed, or mailed to the jail. Potential employers must contact the jail to set up interviews.

CLOTHING:

Inmates shall make a complete change of clothing, including socks and underwear prior to entering or leaving the Huber dorm. Underwear and socks worn for work will not be allowed into the Huber dorm and underwear and socks worn in the dorm must remain in the dorm when the inmate leaves for work. Huber/Work Release inmates are required to have two sets of clothes, including underwear and socks; one set for work and another set for the dorm.

PROPERTY ALLOWED IN THE HUBER DORM

Upon admission into the Calumet County Jail, you will be allowed to bring in the following items. **This will be your only opportunity.** Items marked with an asterisk* must be new and sealed in a company brand package. Replacement items/products must be purchased from the Jail Commissary:

- Three white bras for dorm (women only, sports bras, no hard plastic or wiring) (must have price tag) *
- Five pair of white underwear for dorm*
- Three white T-shirts (no pockets, no printing on front or back, must include sleeves)*
- Five pair of white socks for dorm*
- One white sweatshirt (no pockets, hoods or zippers) (must have price tag) *
- One pair of white thermal top and bottom underwear (no pockets, no printing on front or back, must have sleeves)*
- Two small hair bands
- One alarm clock (wind-up only)
- Two pencils without eraser
- One tablet of writing paper (no spiral bound)
- Five embossed envelopes (no loose stamps)
- Bible or Koran (soft cover only)
- Wedding band (W/no stones)
- Three photos - photos deemed inappropriate will be held in safekeeping and returned to the inmate upon release.
- One pair of prescription eyeglasses. Contacts are not allowed.
- Dentures
- Hearing aids
- Religious medallion, shall be worn under the T-shirt/uniform at all times and no larger than 1" in diameter. It will be allowed unless a jail supervisor deems it unsafe. Items deemed unsafe will be held in safekeeping and returned to the inmate upon release.
- Legal materials

ALLOWABLE WORK CLOTHING AND RELATED ITEMS

The following items are not allowed in the Huber dorm but may be kept in your changing room locker for use at work:

- Five changes of work clothes
- One pair of shoes and/or boots
- One seasonal jacket or coat
- One pair of seasonal gloves
- One hat or cap
- Three bras for work (no under-wire)
- Five pair underwear for work
- Two pair thermal underwear for work
- Five T-shirts for work
- Five pair of socks for work
- Rain gear
- A minimum amount of cash may be kept in the inmate's assigned locker in the changing room.

BEDDING:

Inmates will be supplied with bedding.

Upon release inmates will be responsible to turn in all bedding provided to them at booking. Any items missing or damaged will be paid for by the inmate.

PERSONAL BUSINESS:

Huber inmates who are employed may be allowed short personal stops (i.e. banking, gas, etc.) by asking the on duty officer at the time the inmate leaves or calling the jail for permission before the inmate leaves from their authorized location. Receipts shall be provided to the on-duty officer upon return from any authorized stop/shop.

A funeral for an immediate family member must be discussed with a jail supervisor and will require documentation before attendance is considered.

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE NUMBER: _____

NAME OF SUPERVISOR: _____

EMPLOYMENT HOURS: _____ RATE OF PAY: _____

HOW OFTEN PAID: _____ DAY OF WEEK PAID: _____

SIGNATURE OF COMPANY REPRESENTATIVE: _____

HUBER LAW/WORK RELEASE EMPLOYMENT INFORMATION

INMATE NAME: _____ DATE: _____

This section must be completed by your employer before reporting to start your jail sentence. Failure to do so will delay you in going to work until the correctional staff has the opportunity to obtain and verify the information.

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE NUMBER: _____

NAME OF SUPERVISOR: _____

EMPLOYMENT HOURS: _____ RATE OF PAY: _____

HOW OFTEN PAID: _____ DAY OF WEEK PAID: _____

SIGNATURE OF COMPANY REPRESENTATIVE: _____

Correctional Officer Verifying: _____ Date/Time: _____

TRANSPORTATION INFORMATION:

Will you be driving your own vehicle? YES/NO

If yes, list vehicle license number: _____

If no, list means of transportation: _____

DRIVER'S NAME: _____

DRIVER'S ADDRESS: _____

DRIVER'S PHONE NUMBER: _____

VEHICLE LICENSE NUMBER: _____

All multiple drivers or any change of transportation must be recorded on the reverse side with the authorizing correctional officer's initials and date.

Department Use Only:

10-28 on file: _____ 10-27 on file: _____ Vehicle liability insurance on file: _____

Comments: _____

Alcohol Assessment Complied With? Yes _____ No _____

Correctional officer verifying above information: _____

Reporting to the jail without properly completing these forms or providing proof of alcohol assessment may delay your release for work until the information is obtained and verified.

HUBER/WORK RELEASE (SELF EMPLOYED) DAILY ITINERARY

INMATE NAME: _____ DATE: _____

PLACE OF JOB SITE: _____

ADDRESS: _____

PHONE NUMBER: _____

ESTIMATED TIME OF ARRIVAL: _____ A.M./P.M.

ESTIMATED TIME OF DEPARTURE: _____ A.M./P.M.

PLACE OF JOB SITE: _____

ADDRESS: _____

PHONE NUMBER: _____

ESTIMATED TIME OF ARRIVAL: _____ A.M./P.M.

ESTIMATED TIME OF DEPARTURE: _____ A.M./P.M.

PLACE OF JOB SITE: _____

ADDRESS: _____

PHONE NUMBER: _____

ESTIMATED TIME OF ARRIVAL: _____ A.M./P.M.

ESTIMATED TIME OF DEPARTURE: _____ A.M./P.M.

PLACE OF JOB SITE: _____

ADDRESS: _____

PHONE NUMBER: _____

ESTIMATED TIME OF ARRIVAL: _____ A.M./P.M.

ESTIMATED TIME OF DEPARTURE: _____ A.M./P.M.

Failure to be at the indicated locations will result in loss of Huber Release Privileges.

HUBER LAW FAMILY/CHILDCARE INFORMATION SHEET

INMATE NAME: _____ DATE: _____

- | | | |
|----|-----------------------------------|-------|
| 1. | NAMES OF CHILDREN BEING CARED FOR | AGE |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

2. ADDRESS WHERE CARE WILL OCCUR _____
- LAND LINE PHONE NUMBER AT THIS ADDRESS _____

____ 3. Provide Copies of Children’s Birth Certificate noting the inmate is a parent of the child.

____ 4. If applicable, provide copy of a Court Order indicating the inmate has custody of the child or is the legal guardian of the child.

____ 5. Provide proof that the requested family/childcare is necessary. Such proof will consist of the following:

_____ • A letter submitted by the inmate’s spouse or family member indicating the requested care is necessary, that the inmate had provided the necessary care in the past, and why another family member is unable to provide such care.

_____ • If the request is for childcare, provide a copy of your spouse’s work schedule submitted on company letterhead.

6. TIME OF REQUESTED CARE (HOURS) _____ M TO _____ M

TRANSPORTATION INFORMATION:

Will you be driving your own vehicle? YES/NO

If yes, list vehicle license number: _____

If no, list means of transportation: _____

DRIVER’S NAME: _____

DRIVER’S ADDRESS: _____

DRIVER’S PHONE NUMBER: _____

VEHICLE LICENSE NUMBER: _____

All multiple drivers or any change of transportation must be recorded on the reverse side with the authorizing correctional officer's initials and date.

Department Use Only:

10-28 on file: _____ 10-27 on file: _____ Vehicle liability insurance on file: _____

Comments: _____

Alcohol Assessment Complied With? Yes _____ No _____

Correctional officer verifying above information: _____

Reporting to the jail without properly completing these forms or providing proof of alcohol assessment may delay your release for work until the information is obtained and verified.

CALUMET COUNTY VISITING LIST

INMATE NAME: _____ DATE: _____

- TOTAL OF 8 VISITORS -FAMILY, NON-FAMILY, CHILDREN
- VISITORS INFORMATION NEEDS TO BE **COMPLETELY** FILLED OUT OR VISITOR WILL BE DENIED.
- CAN ONLY CHANGE THE LIST THE FIRST TUESDAY OF EVERY MONTH BY PUTTING AN ICF IN AND ASKING FOR A VISITING LIST.
- ONLY 3 VISITORS AT A VISIT-FIRST COME, FIRST SERVED BASIS
- ALL VISITORS UNDER THE AGE OF 18 MUST BE ACCOMPANIED BY A PARENT OR LEGAL GUARDIAN.

<u>NAME: (LAST, FIRST, MIDDLE INITIAL)</u>		<u>ADDRESS:</u>	
<u>Gender:</u>	<u>Date of Birth:</u>	<u>Phone Number:</u>	<u>Relationship:</u>

<u>NAME: (LAST, FIRST, MIDDLE INITIAL)</u>		<u>ADDRESS:</u>	
<u>Gender:</u>	<u>Date of Birth:</u>	<u>Phone Number:</u>	<u>Relationship:</u>

<u>NAME: (LAST, FIRST, MIDDLE INITIAL)</u>		<u>ADDRESS:</u>	
<u>Gender:</u>	<u>Date of Birth:</u>	<u>Phone Number:</u>	<u>Relationship:</u>

<u>NAME: (LAST, FIRST, MIDDLE INITIAL)</u>		<u>ADDRESS:</u>	
<u>Gender:</u>	<u>Date of Birth:</u>	<u>Phone Number:</u>	<u>Relationship:</u>

<u>NAME: (LAST, FIRST, MIDDLE INITIAL)</u>		<u>ADDRESS:</u>	
<u>Gender:</u>	<u>Date of Birth:</u>	<u>Phone Number:</u>	<u>Relationship:</u>

<u>NAME: (LAST, FIRST, MIDDLE INITIAL)</u>		<u>ADDRESS:</u>	
<u>Gender:</u>	<u>Date of Birth:</u>	<u>Phone Number:</u>	<u>Relationship:</u>

<u>NAME: (LAST, FIRST, MIDDLE INITIAL)</u>		<u>ADDRESS:</u>	
<u>Gender:</u>	<u>Date of Birth:</u>	<u>Phone Number:</u>	<u>Relationship:</u>

<u>NAME: (LAST, FIRST, MIDDLE INITIAL)</u>		<u>ADDRESS:</u>	
<u>Gender:</u>	<u>Date of Birth:</u>	<u>Phone Number:</u>	<u>Relationship:</u>

RECEIVING/ENTRY OFFICER: _____ DATE: _____