

**Calumet County Sheriff's Office**  
**Correctional Facility Huber Division**  
 Electronic Monitoring Program Application

Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home address: \_\_\_\_\_

Mailing address if different: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How long have you lived at your present address: \_\_\_\_\_

People who live at residence with you:

Name	DOB	Relationship

Employment Information

Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor's Number: \_\_\_\_\_

How long have you been with present employer? \_\_\_\_\_

Days of week worked: \_\_\_\_\_ How many hours a week: \_\_\_\_\_ Pay: \_\_\_\_\_

Start time: \_\_\_\_\_ Finish time: \_\_\_\_\_ Misc. Info: \_\_\_\_\_

Sentence Information

Attach detailed letter explaining need of Electronic Monitoring to application

Case Number: \_\_\_\_\_ Sentencing County: \_\_\_\_\_

Length of Sentence: \_\_\_\_\_ Charges: \_\_\_\_\_

Are you currently on probation? YES NO

If yes, Probation Agent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I agree to abide by the rules and regulations set forth in the Calumet County Electronic Monitoring Program. I understand that failure to abide by these rules will be grounds for disciplinary action, which may include loss of my Electronic Monitoring status, loss of good time, and or loss of my Huber/Work Release privileges.

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

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Approved or Denied Misc. Info: \_\_\_\_\_

Sheriff's Signature: \_\_\_\_\_ Date: \_\_\_\_\_