

RULES AND REGULATIONS
CALUMET COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION
ELECTRONIC MONITORING PROGRAM (EMP)
DISCIPLINE PROCESS FOR RULE VIOLATION(S)

While participating in the Electronic Monitoring Program (EMP), **inmates remain under the jurisdiction of the Calumet County Sheriff's Office. The Calumet County Correctional Facility EMP staff may remove an inmate from the program at any time. Any rule violation may result in immediate removal from the program**, and the inmate will be returned to the correctional facility to serve the remainder of his/her sentence. All rule violations will be acted upon by the EMP monitoring staff on a case-by-case basis. Inmates may be given a warning for violations; **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 EMP depending on the nature of the violation. **Failure to comply with his/her schedule properly may result in the inmate being charged with Felony Escape charges.**

**KEEP FOR YOUR RECORDS
TO REFER TO**

Telephone: (920) 849-1447/ Call for **ALL QUESTIONS**
Fax: (920) 849-1489

POTENTIAL RESPONSES TO RULE VIOLATIONS:

- 1.) VERBAL WARNING.
 - 2.) MINOR TICKET OR TICKETS.
 - 3.) CHANGE OF HOUSING ASSIGNMENT TO THE CORRECTIONAL FACILITY/HUBER FOR A PERIOD OF TIME (TO BE DETERMINED BY AN EMP OFFICER AND SUPERVISOR).
 - 4.) REMOVAL FROM THE GPS PROGRAM.
 - 5.) REVOCATION OR SUSPENSION OF HUBER LAW/WORK RELEASE PRIVILEGES.
 - 6.) LOSS OF GOOD TIME.
 - 7.) CRIMINAL CHARGES.
1. I, (Print Name) _____ agree to pay in advance **\$375.00, which covers the booking fee and two weeks of the weekly fee for participation in the EMP monitoring program, and pay current fees related to my current sentence.** I will be charged **\$25.00 per day** to offset the cost of the EMP. I will report to the Calumet County Correctional Facility, at a minimum, once a week at scheduled times to make my full payment and submit a work schedule and any appointment requests for the upcoming week. This will include the full addresses of where I am going.

2. My fee will be paid in cash or money order. Personal checks will not be accepted. Failure to pay fees will result in termination from EMP. **If my outstanding EMP fees exceed \$175.00, I may be subject to termination of EMP. In addition, I must have all my EMP fees paid up one week prior to my release date.**
3. 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 the replacement costs.
4. I understand that Calumet County does not have any responsibility to provide food, clothing, dental, or other medical care during my participation in this program. I also understand that I must pay all telephone and electricity expenses that may be caused by my participation in the EMP.
5. A supervisor or EMP officer will determine the need for grocery shopping.
6. I understand that if I must leave my residence at any time outside of my approved schedule, I will get permission from the correctional facility staff by calling (920) 849-1447. The correctional facility staff needs to be notified of any non-emergency schedule changes 48 hours in advance.
7. I agree to maintain my employment and any participation in any schooling or counseling programs as approved by the monitoring staff.
8. I understand that I may leave for up to 12 hours per day/ 60 hours per week, travel time included for my weekly work schedule. I will notify the correctional facility staff immediately of any changes.
9. I agree to report to the Calumet County Correctional Facility at such times and in such a manner as directed by the Sergeant or EMP officer.
10. I understand that I am responsible for all of the applicable rules as established for the Calumet County Huber Law Facility as well as specific rules for the EMP.
11. I understand that I may take over the counter medication(s) that does not contain alcohol. Alcohol-free mouthwash is allowable.
12. I understand that I cannot possess or use (consume, ingest, or take into my body) any drugs (illegal or legal) including CBD products, that have not been prescribed by a physician. **I must have a current prescription for any prescriptions/medications in my residence.**
13. No unauthorized family members are allowed at the residence. This includes any friends of the children.

14. I am now considered to be under “house arrest.” No outside activities are allowed unless authorized by an EMP officer.
15. If I am experiencing a medical emergency, I must go directly to a medical facility and notify the Calumet County Correctional Facility by phone at (920) 849-1447. The medical form must be completed as soon as possible and provided to the Calumet County Correctional Facility EMP staff.
16. **I understand that I am on house arrest and that if I decide to take off the equipment I can be charged with a Felony Escape charge under §946.42, Wis. Stats.**

Initials _____

GPS MAJOR RULE VIOLATIONS

17. I understand that I must remain at my approved residence at all times while under home detention.
18. I will not tamper with the EMP monitoring equipment in any way, nor will I remove or attempt to remove the bracelet. I will wear the bracelet on my ankle for the duration of the program.
19. I understand that I am not to submerge the bracelet in water. Showers are the only permitted bathing method. I understand that if I submerge the bracelet in water it will be treated as an “attempt to defeat” and will be handled in the same manner as a tamper or obstruction. I agree that when showering, I will thoroughly clean the area around the bracelet with soap and water. I will thoroughly rinse with clean water and dry underneath the bracelet. I understand that failure to rinse away all soap and dry the area around the bracelet may result in a mild skin rash.
 - a. I understand that I will be held liable for any damages caused by submerging or damaging the EMP bracelet, as well as, any additional hook-up fees when new equipment is required due to intention damages.
20. I agree to reside at the approved residence at all times as authorized by the monitoring staff of the Calumet County Correctional Facility.

Address: _____
21. I understand that I must receive permission from a supervisor prior to moving to a new address.
22. I understand that I must receive permission from a supervisor prior to **another** person moving into the residence in which I am staying.

23. I understand that I am not to be using the internet for social media sites (i.e. Facebook, Twitter, etc.) or any inappropriate websites such as pornographic sites. Failure to comply will result in the automatic termination of my participation in the EMP.
24. I WILL ANSWER THE DOOR AT ALL TIMES.
25. Failure to allow the Calumet County Correctional Facility staff or any Law Enforcement Officer to enter the residence at any time to ensure that I am complying with the rules of the program will result in the automatic termination of my participation in the EMP.
26. I understand that I will be required to provide a urine sample and/or breath sample for random testing. Failure to provide a urine sample and/or breath sample for random testing will result in the automatic termination of my participation in the EMP.
27. Testing positive for alcohol or drugs will result in the automatic termination of my participation in the EMP.
28. **As a participant in this program, I give my consent to have my person, property, place of residence, vehicle and/or any other belongings searched and seized at any time, by any Law Enforcement Officer, K9, or the Calumet County Correctional Facility Staff for the duration of my sentence. Failure to comply with this rule will result in the automatic termination of my participation in the EMP.**
29. **NO UNAUTHORIZED VISITORS ARE ALLOWED.**
30. **ALL WEAPONS WILL BE REMOVED FROM THE PREMISES. THIS INCLUDES GUNS, AMMUNITION, LOOK-ALIKE WEAPONS, ANTIQUES, NON-WORKING (FUNCTIONAL) WEAPONS, BOWS AND ARROWS AND CROSS BOWS.**

EMP MINOR RULE VIOLATIONS

****3 MINOR VIOLATIONS IN 30 DAYS WILL RESULT IN A MAJOR TICKET****

31. I agree to charge the device for a minimum of 2 hours every 24 hours and to keep the device charged at all times. If I allow the battery to reach less than 3 hours of charge, monitoring staff may call me. If I allow the battery to reach less than 1 hour of charge, I may be subject to sanctions by monitoring staff.
 - a. 1st Offense = Verbal Warning
 - b. 2nd Offense within a week = Minor Ticket
 - c. 3rd Offense (in 30 days) = Major Ticket

32. **I WILL ANSWER MY TELEPHONE AT ALL TIMES, NO MATTER WHAT TIME OF THE DAY OR NIGHT, with the exception of being at my approved work facility. If I am at work, I must call back within 10 minutes.** Failure to call back will result in:

- a. 1st Offense = Verbal Warning
- b. 2nd Offense = Minor Ticket
- c. 3rd Offense (in 30 days) = Major Ticket

33. I understand that all movements will be tracked and the information stored as an official record. Any unauthorized stops, such as but not limited to, stopping at a fast food restaurant or any other restaurant will result in a minor ticket.

34. I understand that I must advise the monitoring staff immediately of any changes in work hours.

35. **ALL ALCOHOL WILL BE REMOVED FROM THE PREMISES. ANY ALCOHOL FOUND ON THE PREMISES WILL RESULT IN A MINOR TICKET. A POSITIVE PBT TEST WILL RESULT IN A MAJOR TICKET AND TERMINATION OF EMP.**

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36. **Equipment Replacement Cost:**

- a. **SCRAM GPS Device - \$675.00**
- b. **SCRAM GPS Charging Cord - \$26.00**
- c. **SCRAM GPS Charging Cord Power Box - \$13.50**
- d. **SCRAM GPS Bracelet Cord - \$11.00**
- e. **SCRAM GPS Wall Cord- \$2.00**

37. **Equipment Receipt:**

SCRAM GPS Device Number: _____

- One GPS Charging Cord**
- One GPS Charging Cord Power Box**
- One GPS Bracelet Cord**
- One GPS Wall Cord**

38. I agree that all applicable equipment issued by the correctional facility officials was in clean, operable condition with no visible damage, cracks or scratches.

Initials _____

39. I have read and understand the above listed rules of the Calumet County EMP. 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 EMP and understand that any violation may result in my removal from the program, loss of Huber privileges, and/or criminal charges.

40. I agree that upon completion of the program all equipment issued by the correctional facility officials shall be returned in clean, operable condition or I will be responsible for the cost of repairing, servicing or replacing the equipment.

Weekly check-in _____ time _____

Release Date/Time _____

Signed _____ Date _____

Officer Verification _____