



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

Items to be completed and submitted in order to be considered for Electronic Monitoring at the Calumet County Correctional Facility.

- Complete and Sign the **Electronic Monitoring Application** form.
- If you are employed, have your employer submit on company letterhead a letter stating the date you were hired, the length of your employment, and your typical schedule. They can submit this directly to the Calumet County Correctional Facility website, at jail@calumetcounty.org. or fax to 920-849-1489.
- Read, initial and sign the **Electronic Monitoring Rules** form.
- Every adult person who will be living in the same household as you must complete and sign an **Electronic Monitoring Program Waiver** form.
- If your offense is related to an alcohol violation, complete the **Alcohol Monitoring Program Participant Agreement**. You must have also scheduled or completed an Alcohol Assessment with Human Services. You must provide to the jail a copy of the receipt that you have paid for the Alcohol Assessment or a form showing that you have completed the Alcohol Assessment.
- Provide a copy of the driver's license, proof of insurance, and vehicle registration for anyone who will be transporting you. If you are driving yourself, provide your driver's license, proof of insurance, and vehicle registration.
- Your application will not be considered for approval until you have completed the required forms and provided them along with your driver information to the Calumet County Correctional Facility staff. It takes about one to two weeks for your application to be approved or denied. You need to schedule yourself to report to serve your sentence. Do not wait for us to call you.
- If you are approved for Electronic Monitoring, on the date the electronic monitoring unit is installed, you will need to provide \$380.00. This will cover the initial two weeks of fees and the initial booking fee of \$30.00. The fees are \$25.00 per day/\$175.00 per week. You will need to stay one week ahead in payment for your fees.
- You must be clean upon reporting to serve your sentence. A UA (urinalysis) will be done at check in. If you are on any prescription medications, you must provide proof at booking.

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: _____

How long have you lived at your present address? _____ County of Address: _____

Home phone number: _____ Cell Phone: _____

People who live at residence with you:

Name	DOB	Relationship

Do you have any disabilities or special medical conditions? YES or NO - If Yes, explain: _____

Are you currently taking prescribed medication(s)? YES or NO - If Yes, explain: _____

Employment Information

Employer: _____ Supervisor's Name: _____

Employer Address: _____

Phone Number: _____ Supervisor's Phone 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 the 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: _____

Approved or Denied Misc. Info: _____

Sheriff's Signature: _____ Date: _____

Calumet County Sheriff's Office
Correctional Facility Huber Division
Electronic Monitoring Program Rules and Regulations
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.
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1. I, (Print Name) _____ agree to pay in advance **\$380.00, which covers the booking fee of \$30.00 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 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 damage 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-LIKE 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.

Initials _____

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: _____

- a. One GPS Charging Cord
- b. One GPS Charging Cord Power Box
- c. One GPS Bracelet Cord
- d. 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.

Participant's Signature: _____ Date: _____

Weekly Check-In Day: _____ Time: _____

Release Date/Time: _____

Officer Verification: _____

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

Conditions of Electronic Monitoring Program:

1. I understand that the participant listed below is confined with the exception for the times scheduled for work or authorized activities. This does not include attachments such as garages, decks, etc.
 2. I understand that a telephone service without features such as call forwarding must be in service at all times. I further understand that all telephone charges are the responsibility of the participant listed below.
 3. I understand that all telephone calls must be limited to five minutes or less, with at least thirty minutes between calls.
 4. I understand that I am not allowed to have any weapons or alcohol in or on the property while the participant is participating in the Calumet County Correctional Facility EMP.
 5. I understand that the Calumet County Correctional Facility has the right to search my residence at any time while the participant is residing at residence and participating in the Calumet County Correctional Facility EMP.
 6. **Additionally, I certify that there has not been nor is there a history of violence in our family situation.**
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I, (Adult resident) _____, DOB: _____, (Relationship) _____

of (Participant) _____ agree to the above listed conditions of Electronic Monitoring Program (EMP). I understand that my failure to comply with the conditions may result in the termination of the participant's EMP.

Signature of Family Member: _____ Date: _____

Signature of Officer: _____ Date: _____

I, (Adult resident) _____, DOB: _____, (Relationship) _____

of (Participant) _____ agree to the above listed conditions of Electronic Monitoring Program (EMP). I understand that my failure to comply with the conditions may result in the termination of the participant's EMP.

Signature of Family Member: _____ Date: _____

Signature of Officer: _____ Date: _____

I, (Adult resident) _____, DOB: _____, (Relationship) _____

of (Participant) _____ agree to the above listed conditions of Electronic Monitoring Program (EMP). I understand that my failure to comply with the conditions may result in the termination of the participant's EMP.

Signature of Family Member: _____ Date: _____

Signature of Officer: _____ Date: _____

Calumet County Sheriff's Office
Correctional Facility Huber Division
Alcohol Monitoring Program Participant Agreement

NOTE: This agreement only needs to be completed if the convicted offense is an alcohol related offense.

I, _____, have been placed onto the Calumet County Alcohol-monitoring Program. I agree to comply with all program requirements and acknowledge that I will fulfill each of the conditions set forth below:

Initial Here

General Instructions:

- _____ Products containing alcohol, to include any over-the-counter medications such as cough syrups, will not be consumed. Alcohol free mouthwash is allowable.
- _____ Use the Alcohol-monitoring equipment only as instructed by a Calumet County EMP Officer.
- _____ Keep the Alcohol-monitoring unit in my possession at all times for the duration of the program.
- _____ Keep the Alcohol-monitoring device adequately charged at all times.
- _____ Notify a Calumet County EMP Officer before I travel beyond the range of my cellular telephone service area or immediately after I have traveled beyond the range of the service area.

Current Health Status or Pre-existing Medical Conditions:

- _____ Report my current health status and any pre-existing medical conditions (pregnancy, heart/lung disease, or any other illness) that may interfere with my ability to successfully complete the program.

Testing Schedule and Procedures:

- _____ I am responsible for submitting my own breath alcohol tests. Another person shall not be permitted to take a test using Alcohol-monitoring equipment that has been assigned to me.
- _____ Sunglasses, hats, or any other items that may distort my appearance will not be worn while testing.
- _____ Testing will be conducted in a well-lit area.
- _____ I will look directly into the camera, with eyes open during the test
- _____ On all known pre-scheduled test I will refrain from eating twenty (20) minutes prior to testing.
- _____ Tests submitted containing a breath alcohol concentration (BrAG) reading will automatically be transmitted to a Calumet County EMP Officer.
- _____ I will retest within thirty (30) minutes after receiving notification that further tests are required. I will continue to retest as instructed by my device until no longer required to. Failure to retest as instructed may be considered a "positive" reading and/or will be considered a violation of this agreement and a "failure to comply".

Equipment Tampering:

_____ Efforts to disable the Alcohol-monitoring device or use the device for any purpose other than breath alcohol testing will be reported to a Calumet County EMP Officer as an attempt to defeat the equipment in violation of this agreement.

_____ Efforts to cover or obstruct the view of the camera lens during testing will be reported as an attempt to defeat the equipment in violation of this agreement.

Equipment Malfunctions:

_____ Problems that I encounter with the Alcohol-monitoring device will be reported immediately to a Calumet County EMP Officer.

Equipment Care:

_____ I will store the Alcohol-monitoring device in a protective case, or keep it protected at all times when not in use.

Responsibility for Lost, Damaged or Stolen Equipment

_____ I will be held liable for any equipment damage other than that caused by normal wear. I will pay for repairs or replacement costs and may be charged additional set up fees if the Alcohol-monitoring device is lost, stolen or intentionally damaged (dropped, submersed under water or other liquids, or other acts are committed resulting in damage to the unit's components).

_____ If I fail to return the equipment in good working condition, or I do not return it at all, I will be charged for the repair or the full replacement cost in the following amounts:

SCRAM:

Remote Breath Device	\$850.00
Charging Cord	\$7.00
RBD Case	\$12.00

_____ I understand that I could be charged criminally for any equipment intentionally damaged or refusal to return said equipment.

_____ Authorized personnel will inspect and maintain the Alcohol-monitoring device for functionality and damage.

Acknowledgement of Equipment Receipt:

SCRAM:

- 1 Remote Breath Device Number _____
- 1 Charging Cord
- 1 RBD Case

I understand that failure to follow the instructions provided in this Program Participant Agreement may be interpreted as an attempt to conceal alcohol use and may result in action being taken accordingly.

I agree to call a Calumet County EMP Officer immediately if I have any questions about this agreement or if I experience any problems with the Alcohol-monitoring unit. I further understand that any violation of this agreement will constitute a violation of the program and may cause immediate adverse legal action to be taken against me.

I understand that my failure to comply with this agreement or the instructions I receive from a Calumet County EMP Officer may be considered a violation of the conditions of my supervision and could result in revocation from the program and/or court-imposed sanctions up to and including incarceration and loss of Huber privileges.

I acknowledge that I have received a copy of this Program Participant Agreement and that it was thoroughly explained to me before signing. I understand that I must comply with the requirements of this agreement until notified otherwise by a Calumet County EMP Officer.

Participant's Printed Name

Participant's Signature

Date

Supervising Officer Signature

Date