

HUBER RELEASE TRANSFER REQUEST

Request to Transfer from Calumet County to: _____

Must Report By: _____ Release Date: _____

Judgement of Conviction Attached: Yes No

Court Case Number: _____ Length of Sentence: _____

Name: (Last, First, MI): _____ Date of Birth: _____

Address: Street: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

Employment is required in order to attempt to transfer.

Employer Name: _____

Employer Address: Street: _____

City: _____ State: _____ Zip Code: _____

Supervisor: _____ Telephone Number: _____

Hours per Week: _____ Wages: _____

I understand that I will be charged a Transfer Fee of \$50.00 if I am accepted as a transfer, which must be paid to Calumet County upon my transfer. I understand that my acceptance as a Huber transfer is conditional and that such status may be terminated with or without cause.

Furthermore, I understand that if my status as a transfer to another county from Calumet County is terminated, I will lose Huber privileges for the remainder of my sentence.

Signed: _____ Date: _____

Responding Agency Use Only:

Accept Deny

If you will accept above inmate as a transfer fill out information below:

Date & Time inmate should report: _____ Fees needed upfront: \$ _____

List any other information needed: _____

Calumet County Use Only:

Huber Inmate Notified Yes No

By Correctional Officer Badge # _____ Date: _____ Time: _____