

Clark County Sheriff's Dept
 Jail/Electronic Monitoring Program
 517 Court St Room 308
 Neillsville WI 54456
 Phone: 715-743-5380
 Fax: 715-743-4009
 EM phone: 715-743-5380



Staff Use Only
 Accepted
 Start date _____
 Denied
 Reason _____
 Secondary Review

APPLICATION FOR ELECTRONIC MONITORING

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

How long have you lived at above address? _____ rent or own (circle one)

Name of home owner/landlord _____ Phone _____

If at current address less than 1 year, list previous address: _____

Telephone #: Home: _____ Cell: _____

Sex ____ Race ____ Height ____ Eye Color ____ Hair Color ____ Marital Status _____

Person(s) living with you—over 18 yrs: _____ DOB _____ Relationship _____

Minor(s) living with you—under 18 yrs: _____ DOB _____ Relationship _____

Is anyone living in the residence on probation/parole? _____ If Yes, Who? _____

List any weapons kept in the home _____

List any pets in the home (breed) _____

Do you have any disabilities or special medical conditions? _____

Explain: _____

Are you currently taking any prescribed medication? _____ Doctor/Clinic _____

Name of medication(s) _____

Do you have regularly scheduled appointments besides work (treatment, counseling)? _____

Explain: _____

EMPLOYMENT INFORMATION:

Are you self-employed? No Yes (Federal ID # and previous 2 years taxes required)

Employer _____ Position _____

Address _____

City _____ Zip _____ Length of Employment _____

Supervisor's Name _____ Phone # _____

Hourly Wage/Salary _____ Next date of pay _____

Weekly work hours (days/time) _____

Does your supervisor work on site with you? _____ Does your job location vary? _____

Explain _____

Do you have a valid D.L.? No Yes Do you have an occupational license? No Yes

Do you have transportation? _____ Explain _____

CRIMINAL INFORMATION:

What is the current charge(s) you are in jail for? _____

What is the length of your sentence? _____

Do you have any charges pending? _____ List charge(s) & county _____

Are you currently on probation/parole? _____ Agent's name & phone # _____

If yes, what charge(s) are you on probation/parole for? _____

Have you ever been convicted of a domestic charge? _____ If yes, when? _____

Who was the victim? _____ Have you been charged with a crime against a person? _____

If yes, explain _____

Have you ever been convicted of a weapons offense? No Yes County of conviction _____

Have you ever been convicted of a sexual assault? No Yes County of conviction _____

Have you ever escaped or walked away from a county jail? No Yes County? _____

OWI CONVICTIONS:

Have you completed your required AODA assessment? No Yes

Are you in compliance with Ignition Interlock Device (IID) requirements? No Yes

In the space provided give a short explanation as to why you should be eligible for this program:

I agree that the above information is true and accurate. Any information that I provide that misleads the monitoring staff could result in me being disqualified from the program. I also understand that completion of this application DOES NOT guarantee that I will be accepted on the Electronic Monitoring Program.

Inmate Signature

Date

EMPLOYER INFORMATION

Today's Date	
Inmate's Name	
Employer's Name	
Employer's Address	
Employer Phone/Cell	
Work Supervisor	
Your Job Title	
Rate of Pay	
How Often Paid	
Next Pa Date	
WORK SCHEDULE	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Does your employment require you to change locations? Yes NO

If yes, your employer will be required to call in your locations daily/weekly as the job location changes. Failure to call in a location will result in loss of Huber privileges, up to loss of employment.

If you are self-employed, you will be required to bring in a copy of your previous years taxes and provide a Tax ID #

I, _____ will report on ____ / ____ / ____ at _____ AM/PM

Driver's License Status: Valid Revoked Suspended

How are you getting to and from work? Driving Walking Riding

If riding, who with: _____ DOB _____

(First/middle/last name)

Plate # on vehicle Insurance Company Policy #

A copy of proof of insurance must be provided before you will be released.

Employer contacted and information verified? Yes NO

Verified by/date _____

CLARK COUNTY SHERIFF'S OFFICE

ELECTRONIC MONITORING EMPLOYMENT INFORMATION



Inmate's Name _____

Employer: _____

Address: _____

Contact Person : _____

Type of Work: _____

Phone Number: _____

Nature of Work: _____

Date Inmate Started Work: _____

Start Time: _____ End Time: _____

Wages per Hour : _____

This is to insure the inmate has employment at the start of Electronic Monitoring Program. We here at the Clark County Sheriff's Office would appreciate your cooperation in helping monitor the whereabouts of our inmates while in your employment. Please call if he/she fails to show up for work or leaves early.

Supervisor's Signature

**CLARK COUNTY
ELECTRONIC MONITOR PROGRAM RULES**

I understand that I have been granted the opportunity to participate in the Electronic Monitoring Program being offered by the Clark County Jail. Under SS302.425, the Sheriff has the authority to transfer any person to the Home Detention Program or to return them to the jail. I understand this is a privilege and not a right. I agree to abide by the rules and conditions ordered by the Clark County Jail, and I further agree and/or acknowledge the following:

- _____ 1. I understand that my participation in this program will be monitored by a tamperproof, non-removable ankle bracelet that I agree to wear 24 hours a day during the entire period of home detention, which will be installed by personnel of the Clark County Sheriff's Office.

- _____ 2. I know that it may be necessary for the monitoring device to be connected to my cell phone/landline by deputies of the Clark County Sheriff's Office. I agree to allow the deputies to enter my home to install, maintain and inspect this unit. I agree to be responsible for keeping my telephone in good operating condition at all times including having available minutes on my phone if it is a pre-paid cell plan.

- _____ 3. I agree to remain in my approved residence at all times except for the hours that I work, attend counseling or go to other approved activities. I will not leave my home until the specified time and I will return home by the specified times. When overtime work is required, I will notify my electronic monitoring officer via text or phone call for approval. Loss of or any changes in work, school, disability, retirement or child care must be reported immediately to the electronic monitoring officer.

- _____ 4. In the event of an emergency, I will notify the electronic monitoring officer via text or phone call and tell him/her the nature of the emergency as soon as possible. I understand that I will be required to furnish documentation and verify any emergency that causes a departure from my schedule.

- _____ 5. I understand that my curfew restrictions may also be monitored by phone calls, text messages and personal visits to my residence by deputies of the Clark County Sheriff's Office or local Police Department. I will also provide breath or urine samples at any time when requested by the Law Enforcement Officer at my expense.

- _____ 6. I understand that the equipment used to monitor me is expensive and I will do my best to take good care of it. However, in the event that damage is caused to the equipment in any way whatsoever or I fail to return the equipment, I agree to reimburse the Clark County Sheriff's Office for all damages.

- _____ 7. I agree that while using my phone for personal reasons that the electronic monitoring feature takes priority. I will end all phone calls and reply to any or all messages immediately upon request by any representative of the Clark County Sheriff's Office.
- _____ 8. I understand that consumption of alcoholic beverages, to include any substances containing alcohol, or unlawful drugs or narcotics are prohibited. I understand that if I test anything above .00, I may be immediately removed from the Electronic Monitoring Program and returned to the Clark County Jail. I understand alcoholic beverages and/or drugs shall not be present at the residence.
- _____ 9. I understand that if I should willfully fail to return to my approved residence, while on the electronic monitor program, within the prescribed time, or leave this address at any invalid time, such shall be deemed an escape from custody pursuant to WIS STAT 946.42(3)(a).
- _____ 10. I understand that I may not violate any federal or state law or county/city ordinance while participating in this program. I shall report all contacts with Law Enforcement to the Electronic Monitor Deputy via text or phone call. I understand that any such violation may cause me to be immediately removed from the Electronic Monitoring Program and returned to the Clark County Jail.
- _____ 11. In order to pay for costs of monitoring me in the Electronic Monitoring Program, I agree to pay \$45.00 (\$25.00 hookup fee /\$20.00 daily fee) the first day and a daily fee of \$20.00 thereafter (which includes sales tax). If I am serving an out of county sentence, I agree to pay \$50.00 (\$25.00 hookup fee/\$25.00 daily fee) the first day and a daily fee of \$25.00 thereafter. It is understood that this fee will be paid weekly, in advance, in person or by mailing a cashier's check or money order to the Clark County Jail, 517 Court St Room 308 Neillsville WI 54456. Failure to make payments in advance or remain current on my fees may be cause for removal from the Electronic Monitoring Program.
- _____ 12. I understand the need for this monitoring equipment that I will be wearing to be examined by a Deputy of the Clark County Sheriff's Office.
- _____ 13. I understand that probation rule violations or any violations of electronic monitor program rules or any special conditions may cause my removal from the program without notice or avenue of appeal.
- _____ 14. My approved residence is an extension of the Clark County Jail. I agree to a search of my person, property or approved residence at any given time while on electronic monitor by any representative of the Clark County Sheriff's Office or any other police agency/authority with jurisdiction of the approved residence.
- _____ 15. I understand that in signing this document, I am waiving any and all rights under the Fourth Amendment of the United States Constitution concerning the search of my residence and its contents.
- _____ 16. Any needed medical/dental/psychiatric/counseling costs and scheduling are solely my responsibility and must be included, in advance, on my weekly schedule that I give the Electronic Monitoring Coordinator.
- _____ 17. I understand that if I am revoked from the Electronic Monitoring Program, I may lose my good time, if any.

- _____ 18. I will report immediately to the Clark County Jail at any time, if directed to do so, without question.
- _____ 19. I understand that I may not have any firearms or access to firearms on my person, at my approved residence, or vehicle while on electronic monitor program if I am under a Court ordered firearms restriction.
- _____ 20. I will be expected to secure all dogs or other dangerous pets at my approved residence during any visits by the Electronic Monitor Deputy or any other law enforcement personnel.
- _____ 21. Having been fully advised of the purpose of the Electronic Monitor Program during the period of my sentence, and I further agree to release from liability, discharge, and hold harmless, Clark County and its agents and employees for any and all claims or damages, direct and indirect, medical expenses, pain and suffering, disability and loss of income and all causes of action which may arise from the use of any electronic monitor equipment utilized by the Electronic Monitor Program. This release applies to me, as well as my heirs, legal representatives and assigns.
- _____ 22. There will be no change of schedule without advanced approval by the representative of the electronic monitor program. Schedule changes must be requested 24 hours in advance of curfew change needed. Exceptions to the 24 hour request will only be granted in cases determined by the electronic monitor representative to be a true emergency or beyond the electronic monitor participant's control. Changes are not approved until you receive confirmation from the Clark County Electronic Monitor representative.
- _____ 23. The Clark County Sheriff's Office reserves the right to change any of the above rules/guidelines at any time. Changes will be provided to me in writing as soon as possible and until that time oral or telephone notice will be given.
- _____ 24. I understand that all electronic monitoring equipment shall be returned at the time of program completion. Failure to do so will result in billing for the entire equipment replacement cost.

Inmate's Signature

Date

Deputy's Signature

Date