

Clark County Sheriff's Office

Kerry L. Kim
Sheriff



James A. Hirsch
Chief Deputy

517 Court Street-Room 308, Neillsville, WI 54456
Phone: 1-800-743-2420 or 715-743-3157
Crime Stoppers of Clark County WI: 877-341-2416
Fax: 715-743-4350

ELECTRONIC MONITOR/HUBER PROGRAM RULES AND AGREEMENT

Eligibility Procedure

The Judgement of Conviction must read **Huber and/or Electronic Monitoring Granted**.

If an inmate has requested to transfer a sentence issued by another county circuit court, under a Huber transfer. Inmate must be employed and live in Clark County to be accepted as a transfer. Judgement of Conviction must also grant Huber/EMP.

No sentences less than 7 days will be allowed EMP. If you are required to sit the first 48 hours of your sentence you must have 5 days remaining on your sentence to qualify.

Must take and pass a drug screening and preliminary breath test (PBT) prior to starting the EMP/Huber program. Any positive test for alcohol or non-prescription medication are not allowed.

If you have been denied EMP/Huber in any other county you are not eligible as a transfer.

If unemployed, inmate must have verifiable form of income to be eligible for the program (i.e. retirement, disability, workman's comp, etc.)

Any incomplete packets will automatically be disqualified. You must submit **completed** packets, **signed employer information, valid driver, valid vehicle, proof of insurance, expected report date**, proof of any scheduled appointments and the Judgment of Conviction with Huber and/or Electronic Monitoring granted.

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Offenses

Approval or denial will be based on a variety of factors and will be addressed on a case by case basis. Factors to consider include but are not limited to:

Location of residence and place of employment.

Domestic Violence Convictions living with the victim.

Drug related charges including maintaining a drug trafficking place.

Inmates determined to be a threat to public safety based upon a pattern of offenses or documented behaviors involving violence or threat of violence.

Fees

Huber Fees –

- \$18 per day or \$126 per week. Huber fees must be paid one week ahead. If your Huber fees are late or not paid you will be held in until they are paid.

EMP Fees –

- \$25 Install Fee
- \$20/per day for Clark County Inmates
- \$25/per day for out of county transfers

This fee will be paid weekly, in advance, in person or by mailing a cashier's check to:

Clark County Huber Clerk
517 Court Street, RM 308
Neillsville, WI 54456

Failure to make payments in advance or remain current on fees may be cause for removal from the Huber/EM Program. FEES MUST BE IN THE EXACT AMOUNT

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Rules

- An inmate must be clear of existing warrants and holds, pending cases will be reviewed for consideration.
- Any outstanding debt to the Clark County Jail must be paid. Medical debt will be taken into consideration (down payment toward debt and a payment plan).
- Inmate must earn minimum wage and prove workers comp insurance.
- Inmate must agree to abide by all the Clark County Jail, Huber/EMP rules. Any behavioral issue within the Clark County Jail will void your eligibility for EMP.
- Inmate will be required to take and pass a urinalysis test (UA) prior to being placed on EMP. A PBT will also be taken and must read .00. Do not report to jail to begin your sentence while under the influence of intoxicants and/or controlled substances. This means an absolute sobriety of .00. If you report to jail intoxicated you will be placed in a receiving cell. This will result in loss of Huber privileges and/or good time.
- If you are currently taking any prescribed medication, bring it with you in the original labeled container. Bring enough medication for the duration of your stay. If you run out of your prescription medication it will be your responsibility to get them refilled. Any narcotic medications or controlled substances must be approved by the jail nurse prior to coming to jail. It is your responsibility to get approval prior to beginning your sentence.
- Leave all jewelry and valuables at home.
- This is a tobacco free facility. Any items on your person will be considered contraband and will be disposed of.
- Laundry facilities are available at a charge to your canteen account. You will not be allowed to take your laundry out of the jail.
- You may bring in your own limited amount of personal hygiene items. They must be new from a store. You may use them when you return from work as you are required to shower through before entering the Huber dorm. You will not be allowed to take these items into the Huber dorm.
- You will be provided with a locker to store your work clothes and shoes. You are allowed 7 pair of socks and underwear that must stay in the Huber dorm. Socks, underwear and any clothing worn to and from work must remain in your locker.

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- Inmate must take the most direct route to and from work, no stops without permission. Any variations must be approved ahead of time. Inmate must be in the set perimeter of the Clark County EMP/Huber program.
- Inmate is not allowed to work more than 6 days in a row or more than 12 hours in a day.
- Inmate will not work more than 60 hours in a week unless preapproved by an EMP officer.
- Inmate will have no contact with friends or family at work outside their job duty.
- Inmate will not work outside of the set perimeter established by the Clark County Sheriff's Department EMP.
- Inmate will not leave job site for any reason.
- Inmate will not be given more than 1 hour for travel time to work.
- Inmate will not associate with any known convicted criminal while on EMP.
- Any violation of these rules will result in termination of EMP.
- In the event of an emergency, inmate will first call the Clark County Jail at 715 743 5380 and tell them the nature of the emergency before leaving work/home whenever possible. Inmate understands that he/she will be required to furnish documentation of the emergency.

Self-Employment – You must have a verifiable established business and have tax paperwork showing you have an established business. You must have a tax ID#, copy of your previous taxes and liability insurance.

You will not be permitted to be employed by family members unless you have been working there for over 1 year and can provide the previous year's taxes showing them as your employer with required state and federal taxes paid.

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Child Care – You will not be allowed out for child care if the other parent is able to care for the children, or have someone else available to care for them. You must provide birth certificates for all children listing you as the biological parent. You will not be allowed out to care for someone else's children. No other adults and/or visitors may be at the care site. You must provide the other parents employment information including a copy of their work schedule.

School – You must have receipts/paper work stating you are enrolled in school and paid for tuition and books. You will be required to provide the jail with a copy of your class schedule for verification. If you are enrolled online you will need to provide a location and schedule where you will be taking the online courses.

Probation/Counseling/Meetings/Court – Any appointments with probation, counseling, court ordered programs or court hearings will need to be provided to the EMP/Huber officer when your packet is submitted. Failure to notify an officer of scheduled meetings, counseling or court hearings may result in rescheduling or cancellation. It is your responsibility to keep track of meetings and appointments and get approval to attend from the EMP/Huber officer.

Medical/Dental appointments – All appointments should be taken care of prior to reporting to jail to begin your sentence. While incarcerated or on the EMP if you have medical concerns or needs, you will be required to go through the Jail Nurse or EMP officer for approval.

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APPLICATION FOR ELECTRONIC MONITORING/HUBER

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

How long have you lived at the above address? _____ Rent or Own (circle one)

Name of home owner/landlord if applies: _____ Phone _____

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

Telephone #: Home: _____ Mobile: _____

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

Person(s) living with you – over 18 years: _____ DOB _____ Relationship _____

Person(s) living with you – under 18 years: _____ 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) _____

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Do you have any disabilities or special medical conditions? (Yes or no) circle one, if yes 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 code: _____ Length of employment: _____

Supervisor's Name: _____ Phone #: _____

Hourly Wage/Salary: _____ Next date of pay: _____ Frequency: _____

Weekly work hours (days/times): _____

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: _____

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CRIMINAL INFORMATION

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

What is the length of your sentence? _____

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

Are you currently on probation/parole? ____ Agent's name and 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 ☐

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

[illegible]

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 or Huber program.

Inmate Signature

Date _____

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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	
Frequency of Pay	
Next Pay Date	
WORK SCHEDULE	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Does your employment require you to change locations? No ☐ Yes ☐

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/EMP 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 (circle one)
How are you getting to and from work? Driving Walking Riding (circle one)
If riding, with who: _____ DOB _____

(Last, First, MI)
Plate# _____ Insurance Company: _____ Policy#: _____

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

Employer contacted and information verified No ☐ Yes ☐

Verified by/date: _____

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Huber/Employer Agreement

- All employment must be legitimate, verifiable, and meet Clark County Huber/EMP requirements.
- Inmates are required to report directly to work and directly back to the jail or their residence if on EMP. Inmates are not allowed to make stops or leave work unless approved by jail staff and they have a Huber release slip. LIMIT 2 SLIPS PER WEEK
- Hubers/EMP are permitted to be released from Jail or place of residence up to 12 hours per day and up to 6 days per week, which includes work hours and the time needed to travel to and from the work location.
- You must make at least minimum wage to be eligible for Huber/EMP and you must be on the employer's payroll. You cannot be paid in cash.
- All inmates must be supervised by their supervisor, they cannot be supervised by another employee.
- Inmate may be permitted to work on holidays providing the establishment is open for business and other employees are also working. Inmates that work on a holiday must turn in a letter on company letterhead from their employer to the jail at least one week prior to the holiday. Holidays include: New Year's Eve, New Year's Day, Easter, Memorial Day, July 4th, Labor Day, Thanksgiving, Christmas Eve, and Christmas Day.
- Employers must take state, federal, and social security from the employees check.
- If an inmate's job requires a change in location, the employer will be required to call in locations daily/weekly or anytime there is a change in location. Failure to call in a location change will result in loss of Huber/EMP privileges up to loss of employment.

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Inmates that do not have a valid driver's license are not permitted to operate employer's vehicles. If they have a valid driver's license and are required to operate a business vehicle, the employer is required to provide the jail with the valid registration and proof of insurance.

Work week runs Sunday through Saturday.

You are not allowed to have visitors, make phone calls, or leave the place of employment.

Employment and job location must be within the perimeter. Employment obtained out of county while incarcerated must be at a fixed location and at an approved business.

I agree to allow any representative of the Clark County Sheriff Department or any other police agency/authority with jurisdiction of the approved employer access to said employee for Huber/EMP purposes.

Payroll checks and check stubs must either be sent to the jail by the employer or can be sent via email to: Jail.EMP@co.clark.wi.us

EMP inmates will be required to contact the jail when an alert is sent to their electronically monitor bracelet.

There will be no change of schedule without advanced approval by the representative of the electronic monitor program. Schedule changes must be requester 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 EMP participant's control. Changes are not approved until you receive confirmation from the Clark County EMP representative.

Inmate Signature

Date

Employer Signature

Date

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Clark County Electronic Monitoring Program Rules

➤ ***The following section must be completed with a Representative of the Clark County Huber/EMP program***

I understand that I have been granted the privilege to participate in the Electronic Monitoring Program being offered by the Clark County Sheriff and managed by his or her designee. Under Statute 302.425 the Sheriff or his/her designee has the authority to transfer any person to the Home Detention Program or return them to the Clark County Jail. I agree to abide by the rules and conditions ordered by the Clark County Sheriff or his/her designee. I further agree to the following specific conditions;

- _____ 1. I understand that my participation in this program shall be monitored by a tamperproof, non-removable ankle bracelet. I shall wear the bracelet 24 hours a day continuously for the entire period of my participation in the program. The bracelet will be installed by a Deputy of Clark County.
- _____ 2. I understand that my residence, work place, and any place I may be at temporarily are extensions of the Clark County Jail while participating in the program.
I understand that by signing this document I am waiving any and all rights under the 4th amendment of the Constitution of the United States of America concerning the search of my residence and its contents, by any Law Enforcement Officer/Deputy with jurisdiction of the approved residence while participating in the program.
I shall provide breath or urine samples at any time to any law enforcement officer or probation agent, any time, and any place requested. These tests will be at my expense.
- _____ 3. I shall remove any firearms or weapons from my residence and vehicle during the entire length of my participation in the program. I shall secure all dogs or any other dangerous animals during any visit to my residence by any Law Enforcement Officer.

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- _____ 4. I shall maintain absolute sobriety from alcohol and controlled substances, during the entirety of my time in the program. I will not use CBD during the program. I will not have any alcohol in my approved residence during the program for any reason.
- _____ 5. I shall have a functional landline or cellular phone, and work phone number that shall be answered immediately when called by any member of the Clark County Sheriff's Office
- _____ 6. I agree to remain at my approved residence at all times except the hours I work, including travel time to and from work, or attend pre-approved activities. I shall take the most direct route to and from work; any deviation from the route must be pre-approved.
- _____ 7. Overtime work shall be requested by your supervisor calling the Clark County Jail for approval. Work during any legal holiday shall be requested by your supervisor calling the Clark County Jail. If not requested ahead of time it will be denied. Requests on the day of will be denied.
- _____ 8. Loss of or changes to any reason you are participating in the program shall be reported immediately such as; loss of job, retirement from job, injury causing temporary or permanent disability from job or any other reason.
- _____ 9. There will be no changes to schedules or travel routes without advanced approval from the Clark County Jail.
- _____ 10. In the event of an emergency, I shall notify the Clark County Jail and advise the nature of the emergency as soon as possible. If the emergency requires departure from my approved schedule, I will be required to provide proof and documentation to verify the emergency.
- _____ 11. I understand that if I willfully do not report to my approved residence or place of work at the scheduled times I may be charged with escape from custody pursuant to statute 946.42(3)(A).

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- _____12. I shall immediately report all contacts with law enforcement in any manner. Any violation of any Federal, State law, or local Ordinance will result in your immediately dismissal from the program, without avenue for appeal.
- _____13. I understand that any violation of probation rules or rules of the program or any special conditions will result in immediate removal from the program without avenue for appeal.

- _____14. Fees will be charged as follows; Clark County inmates will be charged at a rate of \$20.00 per day for everyday the bracelet is in use, even if it is a partial day. There will be an additional fee of \$25.00 for the initial hook up.

Out of County, inmates will be charged at a rate of \$25.00 per day for everyday the bracelet is in use, even if it is a partial day. There will be an additional fee of \$25.00 charged for the initial hook up.

You are required to report with a minimum of 1-week EMP fees including the hookup fee.

If your sentence is shorter than 2 weeks, you will be required to report with all applicable fees.

You will be required to stay a minimum of 1 week ahead on your fees. Failure to do so will result in your dismissal from the program without grounds for appeal. Fee's beyond the above mentioned can be paid in person at the Clark County Jail, or a money order or cashier's check can be mailed to;

Clark County Jail
517 Court Street Room 308
Neillsville, WI 54456

- _____15. I understand if I am removed from the program for any reason I may lose Good time. Furthermore, my fees will not be refunded or pro-rated for the week that I was removed.

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- ____ 16. I am solely responsible for costs of any needed medical, dental, Psychiatric, or counseling appointments and or emergencies while participating in the program. All scheduled appointments must be included when turning in your paperwork prior to beginning your sentence. You must include date, time, facility, and contact information for appointments.
- ____ 17. I agree to reimburse the Clark County Sheriff's Office for cost incurred due to damage or failure to return, in good working condition, any of the equipment.
- ____ 18. I will report immediately to the Clark County Jail when ordered to do so, without question, while in the program.
- ____ 19. Having been fully informed I agree to release from liability and hold harmless the County of Clark, its agents and all employees for any and all claims, damages, medical expense, pain and suffering, disability, loss of income, and all causes of action which may arise during my participation in the Electronic Monitoring Program. This release applies to myself, my heirs, legal representatives and assigns.
- ____ 20. Failure to comply with the rules will result in your immediate dismissal from the program without avenue for appeal.
- ____ 21. These rules may be changed at any time by the Clark County Sheriff's Office without notice. If a rule change directly effects your standing in the program, you will be notified.

Inmate Signature

Date

Deputy Signature

Date