

Monroe County Huber/Electronic Monitoring Program Monroe County Sheriff's Office



Please thoroughly read all below requirements before submitting your packet.

YOU MUST PROVIDE A CLEAN UA BEFORE YOU CAN BE RELEASED ON EMP

If you have been sentenced to the Monroe County Jail with Work Release/Huber privileges, you may be eligible to serve your sentence at your home. This packet is designed to help determine if you may be eligible and to assist you in applying for the Huber/EMP Program with the Jail.

For more information, you may contact the Jail Huber Officer at (608) 269-8759.

What is Electronic Monitoring?

An inmate in the Huber/ EMP program is confined to their home and monitored with an electronic device. They are allowed to leave their residence for the purpose of exercising their Huber privileges. The residence must be free of alcohol, alcohol containers, illegal drugs, and firearms.

Employed Individuals

Inmates will complete an Employment Verification Packet before intake or at the time employment is obtained or changed. Jail staff will verify all inmate employment by contacting employers via telephone at the place of business. Employers not listed in a telephone book will be required to submit written proof of their business (i.e., tax number, proof of income, business checking account, contracts, and/or incorporation papers). **Inmates will NOT be released for work activities until their employment has been verified.** Inmates are not permitted to be employed by, or supervised by, other current inmates. Continuing employment with a family-operated business will be reviewed and approved on a case-by-case basis.

Self-Employment

Self-employment will be verified in the following manner. The inmate must provide the following documents:

- ✓ Proof of an active, current business checking account (i.e., active account statement)
- ✓ A tax number (hardcopy document listing the tax authorization number)
- ✓ Past and current business contracts
- ✓ Current invoices
- ✓ Business incorporation papers
- ✓ Insurance forms listing the company name and type of business

If the documentation listed above cannot be provided or is insufficient, the matter will be forwarded to the attention of the Huber Officer and applicable Jail Sergeant for review and final determination regarding the inmate's employment status. Self-employment is reviewed and approved on a case-by-case basis.

Child Care/Family Care

You may request release for child or family care purposes by submitting the appropriate form and information. **Your judgement of conviction MUST state you are eligible for child or family care.** Childcare requires the other parent or caregiver's work schedule (from the employer), birth certificates, and school schedules for all children included in the request. Childcare is not granted as a means to maintain direct contact with family members and/or conduct off-site visitation. Release for family/elder care must be court-ordered and requires physician proof detailing the type and frequency of care required by the family member. You must remain at the approved location during child/family care release.

How do I apply for Huber/EMP?

Complete the Huber Application Employment Verification form and return it to the Monroe County Jail. You may mail, fax or drop it off to the address listed below:

Monroe County Sheriff's Office
Attn: Jail Huber Officer
112 S. Court Street Rm. 500
Sparta, WI 54656
Phone: (608) 269-8759
Fax: (608) 269-2164

Determination Criteria

- You must be serving a Monroe County Sentence.
- **You must reside and work in Monroe County or adjacent counties. You must maintain full time employment which is considered to be at least 30 hours a week or 60 hours a pay period.**
- You must be sentenced with Huber privileges.
- Transfers are subject to the approval of the Jail Administrator and must be listed on Judgement of Conviction.
- If you are sentenced on an OWI charge you must have scheduled or completed your court ordered AODA assessment and driver's safety plan.
- Your current charges, pending charges, criminal history and institutional behavior are all taken into consideration when determining your appropriateness for Electronic Monitoring.
- There will be a mandatory drug screen before you are enrolled into Electronic Monitoring. **Notify your employer you may be required to report for testing between 2pm and 6pm.**
- Failure to report to jail on time as well as drug and alcohol in your system will jeopardize your participation in Electronic Monitoring.
- If you reside with a current or prior inmate, both the jail and Electronic Monitoring must be notified and you must obtain approval from the Huber officer.

Requirements for Huber/EMP

All Huber/EMP Inmates will be required to wear a monitoring bracelet and will be monitored by the Monroe County Justice Department. Before being enrolled into the Huber/EMP program you will need the following:

- Huber/EMP One Time Setup fee: \$25.00. This **MUST** be paid at intake
- One week of Huber/EMP fees: \$175.00 (\$25.00/day) paid at intake and weekly same day thereafter through completion of the sentence.
- **You must have a working phone number and useable voicemail.**
- List of prescription medications
- Schedules and required paperwork
- Huber participants must be current with EMP fees while participating in the program
- **Only cash or money orders will be accepted.**

Directions to the Monroe County Justice Department

Exit Jail and walk around to the front of the building.



Once you have been booked into the Monroe County Jail and granted Huber/EMP privileges you will be released. Inmates are then to immediately report to the Monroe County Justice Department to be placed on an electronic monitoring bracelet. If you fail to report to the Justice Department a warrant may be issued for your arrest. The Monroe County Justice Department is located at 112 South Court Street #1008 Sparta, WI 54656. (608) 269-8835

**PLEASE TEAR OFF THIS PART OF THE PACKET AND KEEP IT FOR
YOUR REFERENCE**

MONROE COUNTY JAIL HUBER INFORMATION PACKET

MONROE COUNTY JAIL
112 SOUTH COURT STREET, ROOM 500
SPARTA, WI 54656
PHONE: (608) 269-8759 FAX: (608) 269-2164

DATE TURNED IN: _____

DATE YOU ARE TO REPORT TO JAIL: _____

**IT IS IN YOUR BEST INTEREST TO GET THIS PACKET TURNED IN BEFORE
YOUR REPORT DATE AND HAVE IT FILLED OUT COMPLETELY. YOU WILL
NOT BE RELEASED UNTIL ALL INFORMATION IS VERIFIED AND APPROVED
BY JAIL STAFF.**

INMATE NAME: _____ DOB: _____

INMATE ADDRESS: _____

INMATE CELL PHONE #: _____

WHAT DAY(S) DO YOU PLAN TO STAY IN EACH WEEK? (MUST BE AT LEAST ONE DAY) _____

DAYS YOU GO OUT TO WORK. YOU MUST PICK ONE DAY A WEEK TO STAY IN.

TIMES:	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.
LEAVE HOME							
START WORK							
LEAVE WORK							
RETURN HOME							

WHAT CLASSES DO YOU GO TO, WHAT ARE THE TIMES, DAYS, LOCATIONS, AND INSTRUCTORS FOR THE CLASSES?

HOW DO YOU GET TO WORK? _____

IF YOU HAVE A DRIVER, WHO IS IT? _____

WHAT DO YOU DRIVE OR RIDE IN TO GET TO WORK? _____

MONROE COUNTY JAIL EMPLOYMENT **AGREEMENT**

OFFICIAL COMPANY NAME: _____

COMPANY ADDRESS: _____

SUPERVISOR: _____ SUPERVISOR'S PHONE #: _____

DATE OF HIRE: _____ RATE OF PAY: _____ JOB TITLE: _____

PAYROLL (CIRCLE ONE) WEEKLY BI-WEEKLY MONTHLY

NEXT PAY DATE: _____

**** FOR SELF-EMPLOYMENT ONLY--** FEDERAL I.D./TAX I.D. #: _____

WILL EMPLOYEE BE EXPECTED TO WORK (CIRCLE ONE):

OVERTIME HOLIDAYS

-IF YES, PLEASE PROVIDE WRITTEN NOTICE PRIOR TO THE DATES AND FOR EACH DATE-

PLEASE LIST ALL PERSONS YOU CURRENTLY LIVE WITH:

INMATE & EMPLOYER INFORMATION:

1. EMPLOYER MUST NOTIFY THE JAIL IMMEDIATELY OF EMPLOYEE TERMINATION.
2. EMPLOYER MUST NOTIFY THE JAIL OF ANY INAPPROPRIATE BEHAVIOR AT WORK.
3. EMPLOYEE IS NOT ALLOWED TO LEAVE PREMISES UNLESS REQUIRED AS A PART OF EMPLOYMENT.
4. EMPLOYEE IS NOT ALLOWED VISITORS AT WORK.
5. EMPLOYEE MUST NOT CONSUME ANY ALCOHOL OR DRUGS.
6. EMPLOYER MUST INFORM JAIL OF CHANGE IN SCHEDULE OR WORK LOCATION.
7. EMPLOYEE MUST WORK AT LEAST 30 HOURS A WEEK AND NO MORE THAN SIX DAYS PER WEEK CONSECUTIVELY.

EMPLOYER SIGNATURE: _____

DATE: _____

I, THE UNDERSIGNED, HAVE READ OR HAVE HAD READ TO ME THE HUBER RULES, AND ABOVE REGULATIONS. I AGREE TO ABIDE BY THESE RULES AND REGULATIONS OF THE MONROE COUNTY JAIL AND THE MONROE COUNTY ELECTRONIC MONITORING PROGRAM. THESE RULES ARE SUBJECT TO CHANGE AT THE DISCRETION OF JAIL ADMINISTRATION. I UNDERSTAND THAT IF I DO NOT ABIDE BY THESE RULES, I AM SUBJECT TO A JAIL SANCTION OR HUBER REVOCATION.

PLEASE SIGN BELOW PRIOR TO TURNING IN PACKET

INMATE SIGNATURE: _____

DATE: _____

PLEASE DO NOT WRITE BELOW THIS LINE

Approved

Denied

Reason Denied:

JAIL STAFF SIGNATURE: _____

DATE: _____