GREEN LAKE COUNTY CORRECTIONAL FACILITY

HUBER/ ELECTRONIC MONITORING PROGRAM APPLICATION

Green Lake County Sheriff's Office
571 County Road A
Green Lake, WI 54941

(920) 294-4059
(920) 294-4191 Fax

Sheriff – Mark Podoll
Corrections Administrator – Lori Leahy
Corrections Sergeants - Samantha Koscher, Jennifer Walker

Huber/ EMP Privilege

In accordance with Wisconsin State statue 303.08(1), the Court has granted you Huber Privileges. Huber Law is a privilege, NOT A RIGHT. Although the Court granted the Huber privilege, you must meet the criteria set forth by the Jail to exercise Huber privileges. Inmates granted Huber privileges are subject to all general Jail rules as well as Huber rules. Participants not able to abide by the rules of the jail and the Huber/EMP program will lose their EMP privilege of the program, and a request will be made to the court to revoke Huber privilege.

Once you have been sentenced by the court, you will be required to set up your jail time promptly after your sentencing hearing. Failure to do so could result in a delay of completing the application process. Once a date has been assigned, you will be required to report on or before that date as directed by the Corrections Sergeants. (Report dates cannot be canceled/rescheduled).

Failure to report to jail is a criminal offense and you will be criminally charged.

Please note that if your sentence is an OWI charge, you will be required to serve the first 48 hours in jail, without Huber Privileges.

The Green Lake County Correctional Facility has established eligibility requirements and rules for participation in the Huber/EMP Program. You must be sentenced and have Huber privileges. You must meet all eligibility requirements and abide by all rules in order to participate in the Program. This packet will give you information on what you will need to report with, while serving your sentence on Huber/EMP.

Automatic Disqualifiers from Consideration

- Serving Felony sex offense conviction
- Placement on SORP registry
- Felony domestic violence conviction
- Multiple felony OWI convictions or OWI causing injury/death
- Escape convictions.
- Serving an ES Sanction sentence
- Failure to report to jail convictions

Each application will be considered on its own merit and the Sheriff, or the designee, reserves the right to approve or deny participation in the Huber/EMP program.

If you have any questions that are not specifically addressed in this packet, please call the Green Lake County Correctional Facility at 920-294-4059 #2 and leave a message for the Huber Sergeant and they will return your call.

Huber/EMP Program

Applicants for Huber/EMP program must complete and submit this application to the Green Lake County Correctional Facility. Applications can be picked up at the facility or found on the Green Lake County website.

Once the application is received, the application will be reviewed by a Corrections Sergeant and a written response accepting or denying the application will be sent to the applicant. Please be aware it is your responsibility to ensure all required information is submitted with your application. Failure to do so may result in your application being denied and/or a delay in your beginning the program.

To be considered for Huber/ EMP, for a medical condition, the applicant must complete the application and submit medical documentation (attached "Medical Documentation" form) describing the nature of the request and fill out and sign both medical release forms. Correctional facility medical staff will be consulted during consideration of the request. The applicant must live in Green Lake County, have Huber privileges set by the Court.

Huber/ Electronic Monitoring Program Eligibility Requirements

1. Minimum of 10 days to serve on sentence for EMP and must be granted Huber privileges from the court.
2. Established residence in Green Lake County. An established residence is defined as follows:
    a. Permanent address prior to starting a jail sentence.
    b. Verification of residency in Green Lake County i.e., rental/lease agreement.
3. If working, must work in Green Lake County.
    a. Established out of county employment prior to starting your sentence will be reviewed by the Corrections Administrator for approval on a case-by-case basis.
    b. You will be asked to provide proof of employment via a letter from your employer on company letterhead.
4. If you are already serving a sentence and want to obtain employment while incarcerated, you must have proof of an established residence in Green Lake County and work in Green Lake County. No out of county employment will be approved.
5. Must have a cell phone and provide the number to the Jail so you can be reached by Corrections staff at any time while you are out on Huber/EMP.
    a. Need a working cell phone that is compatible with the monitoring equipment.

HUBER/EMP CHECK LIST

Complete the following before your check-in date. Failure to complete any of the following will result in your application being denied.

- ☐ Sentence Acknowledgement Form completed/ Signed
- ☐ Huber/EMP Application completed/ Signed
- ☐ Proof of residency in Green Lake County
- ☐ Proof of employment letter from employer
- ☐ Completed Work Schedule / Signed by Supervisor
- ☐ Completed Appointments/Stops Schedule / Signed
- ☐ Proof of valid Driver License (from you or the person who is driving you)
- ☐ Proof of vehicle insurance-liability (on the vehicle that you will be driving/riding in)

Additional:

- You will be required to submit to a **drug test** upon check in and you will be charged, additionally there will be a charge for all drug tests administered while participating in the Huber/EMP Program. If the test is positive for any unauthorized drug(s), you will not be released for work.
- Upon reporting, you will be required to submit to an **alcohol test**. If the Intoximeter/PBT/ Urine analysis reports that there is any alcohol in your system, you will not be eligible for work release.
- You will not be allowed to use any prescription medications outside of the Correctional Facility unless they have been authorized by our facility medical staff. All medication must be a current prescription, prescribed to you, and must be in the original prescription bottle. Please refer to the Medical Documentation page in this packet for additional information on prescription medications.

Huber Transfers:
If you want to serve your sentence in another county OR want to serve an out of county sentence in Green Lake County, a Huber transfer request must be submitted. Please indicate in your application if you are requesting a Huber transfer to another county.

For those wanting to serve an out of county sentence in Green Lake County, the county of conviction will be required to submit a Huber transfer request on your behalf. You will need to contact the Jail in the county of your conviction to begin the process. Please be aware, we will not accept Huber transfers from another county if that individual has open cases.

Self-Employment:
The Green Lake County Correctional Facility does not approve self-employment for inmates participating in the Huber/ EMP Programs.

Work Schedules:
If you are a working Huber, you will be required to submit a weekly work schedule. Please have your employer/supervisor fill out the schedule provided in this packet. If your schedule/work hours vary from week to week, your employer/supervisor will need to fill out a schedule every week. Be advised that the jail **MUST** have a completed work schedule for you, or you will not be allowed to work. There will be **NO EXCEPTIONS** to this rule. Your work schedule must include every location that you will be working at for every workday.

You must have full-time employment and work a minimum of 32 hours per week, and no more than 60 hours per week. You may not work for more than one employer. You will not be allowed to work the following holidays, unless pre-approved by Corrections Administrator (this must be requested in writing at least 1 week prior to holiday):

LABOR DAY, THANKSGIVING DAY, NEW YEARS DAY , CHRISTMAS DAY, EASTER SUNDAY, MEMORIAL DAY, INDEPENDENCE DAY

Your work schedule must meet <u>one</u> of the following:

- If your work shift does not require you to be outside of your residence for more than twelve (12) hours per day (including travel time), you will be permitted to work no more than six days per week. You will not be allowed to work more than 6 consecutive days in a row, so you must remain at your residence one day each week.
- If you are required to work 12-hour shifts, which would require that you would be outside of your residence for more than twelve (12) hours per day (including travel time), you will be permitted to work no more than 5 days per week. You will not be allowed to work more than 5 consecutive days in a row, so you must remain at your residence 2 days each week.
- Any schedule changes must be submitted, in writing, at least 48 hours in advance for approval. Schedule changes not received at least 48 hours prior to the event will **NOT** be approved.
- Either you or your employer must submit timesheets or paycheck stubs as verification of hours worked for every pay period. Providing both is recommended and may be requested.
- You will not be permitted to increase any payroll deductions during your time of incarceration unless first approved by the corrections administrator. There will be no cash advances to any inmates from employers.
- Please be aware all jail debt must be paid in full prior to being considered for EMP. You will also be required to pay all court fees and/or have a payment plan set up with the Clerk of Courts prior to beginning EMP. You may not change the payment plan while on Huber/EMP unless approved by a Corrections Sergeant prior to the change. It is your responsibility to ensure all court fees are paid on time. Failure to do so may result in you being returned to the Facility for your sentence.

Childcare:
If you have been granted Huber for the purpose of childcare, you must meet the following criteria before being approved to exercise this privilege.

- You must be the mother/father or legal guardian of the child/children that you will be caring for and provide your child/children's birth certificate.
- You must live in Green Lake County and there must be a need for childcare.
- You will be required to provide a weekly work schedule from your spouse/significant other's employer.
- While performing childcare duties, there will be no other adult(s) allowed at the residence.
- By State Statute childcare is considered self-employment, thus the same weekly Huber/EMP fees apply.

Appointments/Stops Schedule:
While on Huber/EMP you are required to be at your residence at all times, unless approved for work and scheduled appointments. Any stops or requests to attend scheduled appointments must be submitted on a Huber Appointments/Stops Schedule. You must submit proof of the appointment to a Program Director. The Program Director has the final decision on whether the appointment is approved. Please be aware some appointments may be denied if the matter can be resolved once your sentence is complete**.**

Banking:
If you have direct deposit and need to make a bank stop to obtain money for Huber/EMP fees, you may schedule this once a week by submitting a Huber Appointment/Stops Schedule detailing the address, date and time of the bank stop. The bank stop must be submitted a minimum of 48 hours in advanced for review and approval. The bank must be on your way to/from work (or in the general vicinity thereof). You will be required to submit a bank receipt at your weekly check in date.

Medical/Dental Appointments:
If you are a working Huber participating in the Huber/EMP program, you will be responsible for scheduling your own medical/dental appointments and providing your own prescription medications. These appointments must be submitted on a Huber Appointments/Stops Schedule for review by the Program Director. All non-emergency medical appointments must be submitted with a minimum of 48 hours in advanced, to allow for confirmation and approval.
Any medical expenses incurred while incarcerated will be billed to your account.

FEES

Set up Fees

- $10.50 Initial Drug Testing (Also charged each time a test is taken)
- $35 Initial hook-up

Daily Fee Schedule

- $23 per day – GPS only
- $28 per day – GPS & Alcohol monitor
- $25 per day – GPS only (transfer from other county)
- $30 per day – GPS & Alcohol monitor (transfer from other county)

APPLICATION FOR HUBER/ELECTRONIC MONITORING PROGRAM (EMP)

Personal Information

Applicant name: _____

Address: _____

City: _____ Zip: _____ County: _____

Telephone #:_____ Social Security # _____

Date of birth: _____ Sex: _____ Race: _____ Height: _____ Weight: _____

Eye color: _____ Hair color: _____ Scars/marks/tattoos, etc.: _____

_____

Marital status: (check one) ☐ Married ☐ Single ☐ Divorced ☐ Separated

Proof of Residency

How long at above address: _____

Do you rent or own residence: ☐ Rent ☐ Own ☐ Other: _____

If Renting; please provide the contact information of residence owner:

Name _____Phone number _____

List all people living with you:

	Name	Date of Birth	Relationship
1.			
2.			
3.			
4.			

If divorced and have children, do you have visitation privileges? ☐ Yes ☐ No

Can you provide paperwork stating visitation privileges? ☐ Yes ☐ No

Names/ages of children: _____

_____

Name/Address/Phone # of custodial parent: _____

_____

Do you have special family circumstances we should know about? ☐ Yes ☐ No

Explain: _____

_____

Medical Documentation

What are your disabilities or special medical conditions? _____

_____

_____

_____

Are you currently taking a prescribed medication? ☐ Yes ☐ No

Name of medication(s) and dosage: _____

_____

_____

Name and location of doctor(s): _____

_____

_____

Have you ever been treated for drug or alcohol abuse? ☐ Yes ☐ No

Location and reason for treatment: _____

_____

Do you have regularly scheduled appointments besides work (i.e. treatment, counseling)?

_____

_____

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

_____

_____

_____

_____

_____

You may provide a written recommendation from you doctor. This recommendation will be shared with Green Lake County Correctional Facility medical staff, while considering your application.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I hereby authorize the use and/or disclosure of my protected health information (PHI) as described below.

Patient name:_____ Date of birth: _____

Person/organization authorized to disclose PHI:

_____
Name of person or organization

_____
Street Address

_____
City, State, Zip

Correctional facility authorized to receive PHI
under HIPAA statute 45 CFR § 164.512(k)(5):

_____
Name of correctional facility

_____
City, State, Zip

I expressly request that the facility identified above disclose my full and complete PHI related to the following selection(s) from the dates _____ through_____ :

- ☐ All medical records
- ☐ All mental health records

Only the following:

- ☐ Physical evaluations
- ☐ Psychiatric/psychological evaluations
- ☐ Clinical progress notes
- ☐ Lab/diagnostic results
- ☐ Psychological testing
- ☐ Treatment plan
- ☐ Safety plan
- ☐ Discharge summary/instructions
- ☐ Medication list
- ☐ Other (specify): _____

This PHI is disclosed for the purpose of provision of healthcare information regarding genetic testing, substance use disorder, HIV test results, and sexually transmitted infections and are protected under the federal regulations covering confidentiality of Drug and Alcohol Abuse Patient Records, 42 Code of Regulations (CFR) Part 2 and the Health Insurance Portability Accountability Act of 1996 (HIPAA) 45 CFR Parts 160 and cannot be disclosed without my written consent unless otherwise provided for in the regulation.

Check below if you do not want this information released:

- ☐ Substance Use Disorder Treatment
- ☐ HIV test results and related treatment
- ☐ Sexually transmitted infections
- ☐ Genetic Testing

I understand that this authorization will expire one year from the date of my signature below. I understand that information disclosed pursuant to this authorization may be subject to re-disclosure and may no longer be protected by the Privacy Rule. I understand that I have a right to revoke this authorization and may do so by notifying the facility listed above in writing. Revoking this authorization will not have any effect on any actions the facility took before it received the revocation. If this authorization was obtained as a condition of obtaining insurance coverage, I understand that my revocation will not affect the insurer's rights to contest a claim under the policy or the policy itself. I do hereby consent to the disclosure of the above-described information contained in the health record identified on this form. I understand that the facility will not condition the provision of treatment or payment on the provision of this authorization.

_____
Signature of Patient or Personal Representative — Date

_____
Personal Representative Name — Relationship to Patient

_____
Witness Name — Signature and printed name — Date

The agencies listed on this release form are not responsible for third party re-disclosure of the authorized information exchanged per this release. PROHIBITION OF REDISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected pursuant to CFR 42 part 2 and HIPAA regulation CFR. Any further disclosure is person, agency, or entity receiving information shall maintain such information as confidential and exempt from the provisions of the public record law. We will not re-disclose any protected health information received from other parties, that may be present in our record.

Employment Information

Employer: _____

Address: _____

City: _____ Zip: _____ County: _____

Telephone #: _____ Type of Work: _____

Weekly work hours (day/time): _____

How long have you worked for this employer? _____

Does your job location vary? ☐Yes ☐No

Does your supervisor work on site with you? ☐Yes ☐No

Does your job take you out of the county? ☐Yes ☐No

Proof of employment letter provided ☐Yes ☐No

Letter from employer detailing job duties, supervisor, length of employment and hourly wage (must be on company letterhead and signed by the supervisor or HR manager).

Transportation

Do you drive yourself work? ☐Yes ☐No

Does someone drive you to work? ☐Yes ☐No

Proof of valid driver's license provided ☐Yes ☐No

Proof of vehicle insurance-liability provided ☐Yes ☐No

Explanation for other transportation to and from work and appointments:

_____

_____

_____

Criminal History

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 charges/jurisdiction)? ☐Yes ☐No

1. _____
2. _____

Are you currently on probation or parole? ☐Yes ☐No

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

1. _____
2. _____
3. _____

If yes, who is your probation agent?

_____

Have you ever been convicted of a Domestic Abuse related charge? ☐Yes ☐No

If yes, when? _____ Victim's name: _____

Do you have any restraining orders or injunctions? ☐Yes ☐No

If yes, name and address of respondent/petitioner: _____

_____

I believe the information provided by me to be true and correct, to the best of my knowledge. I understand that purposeful omissions or inaccuracies, on my part, will be reason for my immediate disqualification from consideration for the program.

Inmate signature: _____ Date: _____

Information verified by: _____

Corrections Sergeant Date

_____

Facility Nurse Date

Approved/Denied by: _____

Corrections Sergeant Date

GREEN LAKE COUNTY CORRECTIONAL FACILITY
HUBER WORK SCHEDULE

Inmate's Name: _____ Today's Date: _____

Employer/Organization Name: _____

Company Address: _____

City: _____ State: ____ Zip:_____ Phone #: (_____)_____

This schedule must be completed by the inmate's employer. Please note that all fields must be filled in and must include the employer/supervisor signature at the bottom. If the inmate's work schedule does not change from week to week, you may check the box that indicates this (and will not need to fill in the dates on the schedule). **Any Schedule changes need to be received with 48-hour notice,** in order to be reviewed for approval.

Employers may leave a voice message, reference to an inmate or schedule at 920-294-4059 ext. 2.

MONDAY WORKSITE ADDRESS: _____

DATE: ___/___ START TIME:____:____ ☐AM ☐PM END TIME:____:____ ☐AM ☐PM

TUESDAY WORKSITE ADDRESS: _____

DATE: ___/___ START TIME:____:____ ☐AM ☐PM END TIME:____:____ ☐AM ☐PM

WEDNESDAY WORKSITE ADDRESS: _____

DATE: ___/___ START TIME:____:____ ☐AM ☐PM END TIME:____:____ ☐AM ☐PM

THURSDAY WORKSITE ADDRESS: _____

DATE: ___/___ START TIME:____:____ ☐AM ☐PM END TIME:____:____ ☐AM ☐PM

FRIDAY WORKSITE ADDRESS: _____

DATE: ___/___ START TIME:____:____ ☐AM ☐PM END TIME:____:____ ☐AM ☐PM

SATURDAY WORKSITE ADDRESS: _____

DATE: ___/___ START TIME:____:____ ☐AM ☐PM END TIME:____:____ ☐AM ☐PM

(NO WORK IS ALLOWED ON SUNDAY UNLESS APPROVED BY ADMINISTRATION)

SUNDAY WORKSITE ADDRESS: _____

DATE: ___/___ START TIME:____:____ ☐AM ☐PM END TIME:____:____ ☐AM ☐PM

☐ **THIS SCHEDULE STAYS THE SAME EVERY WEEK**

Employer/Supervisor Signature: _____

Copy to: Huber Work Schedule Binder

Please fax schedule to:
920-294-4191

GREEN LAKE COUNTY CORRECTIONAL FACILITY
HUBER APPOINTMENT/STOPS SCHEDULE

Inmate's Name: _____ Today's Date: _____

Address: _____

City: _____ State: ____ Zip:_____ Phone #: (_____)_____

This schedule must be completed by the inmates documenting any appointments or stops needed during the week. Please note that all fields must be filled in and must include the inmate signature at the bottom. If the inmate's appointments/stops schedule does not change from week to week, you may check the box that indicates this (and will not need to fill in the dates on the schedule). **Any Schedule changes need to be received with 48-hour notice**, in order to be reviewed for approval.

MONDAY ADDRESS:_____REASON:_____

DATE: ___/___ START TIME:____:____ ☐AM ☐PM END TIME:____:____ ☐AM ☐PM

TUESDAY ADDRESS:_____REASON:_____

DATE: ___/___ START TIME:____:____ ☐AM ☐PM END TIME:____:____ ☐AM ☐PM

WEDNESDAY ADDRESS: _____REASON: _____

DATE: ___/___ START TIME:____:____ ☐AM ☐PM END TIME:____:____ ☐AM ☐PM

THURSDAY ADDRESS: _____REASON:_____

DATE: ___/___ START TIME:____:____ ☐AM ☐PM END TIME:____:____ ☐AM ☐PM

FRIDAY ADDRESS:_____REASON_____

DATE: ___/___ START TIME:____:____ ☐AM ☐PM END TIME:____:____ ☐AM ☐PM

SATURDAY ADDRESS:_____REASON:_____

DATE: ___/___ START TIME:____:____ ☐AM ☐PM END TIME:____:____ ☐AM ☐PM

(NO APPONTMENTS/STOPS ARE ALLOWED ON SUNDAY UNLESS APPROVED BY ADMINISTRATION)

SUNDAY ADDRESS:_____REASON:_____

DATE: ___/___ START TIME:____:____ ☐AM ☐PM END TIME:____:____ ☐AM ☐PM

☐ **THIS SCHEDULE STAYS THE SAME EVERY WEEK**

Inmate Signature: _____

Copy to: Huber Work Schedule Binder