

GREEN LAKE COUNTY CORRECTIONAL FACILITY
ELECTRONIC MONITORING PROGRAM
APPLICATION PACKET

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 Sergeant – Kaitlyn Frederick
Corrections Sergeant - Kyla Respalje
Corrections Sergeant - Terry Sawall

Huber Law

In accordance with *Wisconsin State Statute 303.08(I)*, the Court may grant Huber Law privilege to a person sentenced to a county jail, who meets the criteria of the county facility, per *Wisconsin State Statute 302.335(2j)*.

Green Lake County Correctional Facility provides the opportunity to exercise Huber Law privilege, through enrollment in the Electronic Monitoring Program (EMP).

The Sheriff, or designee (Corrections Administration) shall determine eligibility to apply for EMP and may terminate participation in the EMP program at any time. If participants do not abide by the rules of the EMP program, Corrections Administration may submit a request to the Court to revoke Huber Law privilege.

Huber Transfers:

If your Judgement of Conviction (JOC) states “out-of-county service”, and you want to request to serve your sentence in another county, a **Huber Transfer Request** form must be initiated by the county of conviction. Please contact the Corrections Sergeants who will obtain your address of residence and employment information. Once we receive your JOC, a transfer request can be sent to the other county for consideration. A Corrections Sergeant will notify you if the request was accepted or denied.

For those wanting to serve an out-of-county sentence in Green Lake County, the county of conviction is required to submit a **Huber Transfer Request** to Green Lake County. Contact the Jail in the county of your conviction to begin the process. Please be aware, we will not accept transfers from another county if that individual has open cases.

****Please note: You will still need to schedule a check-in date, even if you are applying for a transfer.**

Childcare:

If you have been granted Huber for the purpose of childcare, you must meet additional criteria before being approved to exercise this privilege on EMP.

- 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. Or Other forms that apply.
 - Adoption paperwork
 - Proof of guardianship
- You must live in Green Lake County and there must be a need for childcare.
- You may not leave the residence unless in an emergency without permission. In such case you must notify the Jail as soon as possible.
- You will be required to provide a weekly work schedule from your spouse/significant other’s employer.

- If your child is in school and you will be transporting them, you must provide a school schedule and complete a stop schedule and have it approved.
- While performing childcare duties, there will be no other adult(s) allowed at the residence.
- By State Statute childcare is considered self-employment, therefore the same policies for EMP will apply.

Self-Employment:

If you are self-employed, you MUST complete a **Request for Self-Employment Form**. This form must be completed and turned in prior to your check-in date in order for you to begin work upon sentence check-in. An incomplete form or missing documents will cause a delay in the review process.

Self-employed EMP participants must work within 1 hour of Green Lake County Correctional Facility.

Minimum wage must be earned for every hour worked. You will not be allowed to work for another inmate or employ another inmate.

You must follow the same work schedule requirements; however, you will be allowed to fill out your own schedule. Self-employed Hubers will not be allowed to work holidays.

In addition to a completed work schedule, you must be able to provide:

- ✓ Proof of scheduled work (i.e. proposals, estimates, bids)
- ✓ Work address/locations
- ✓ Receipts for work completed (i.e. invoices, daily log)
- ✓ Proof of payment for all work completed (i.e. receipts).

You must be available by telephone at all times.

Self-employed EMP participants will not be allowed to perform service work on their own property while participating in the program.

Please be aware all self-employment is subject to review and approval by Corrections Administration.

Electronic Monitoring Program (EMP)

The Green Lake County Correctional Facility has established eligibility requirements and rules for participation in the EMP.

Participants live at a personal residence, with a GPS ankle bracelet. Those who are serving a sentence for OWI may also be required to use an alcohol monitoring device.

Applicants for EMP program must complete and submit the attached program application to the Green Lake County Correctional Facility. Each application is considered on its own merit and the Sheriff, or the CA, reserves the right to approve or deny participation in the EMP program.

Schedule Check-in Date:

Once you have been sentenced by the court, you will be required to **set up your jail time** promptly after your sentencing hearing. Please visit the Corrections Administration Office to complete the **Sentence Acknowledgement Form**. You will need to show the Temporary Commitment Order that the Court provided. Failure to schedule your check-in date could result in a delay in the EMP application process.

You will be required to report on your check-in date. If you need to change your check-in date, contact the Corrections Administrator, as they are the only ones that can approve a change.

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.

Automatic Disqualifiers from EMP Consideration

- Felony sex offense conviction
- Placement on SORP registry
- Felony domestic violence conviction
- Escape convictions.
- ES Sanction sentence
- Failure to report to jail convictions

Enrollment Process:

Applicants must submit completed application forms and supporting documents. Refer to the **CHECK LIST** that is provided in this packet 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.

Applications will be reviewed by a Corrections Sergeant and a written response accepting or denying the application will be sent to the applicant.

Be sure to complete and sign the medical release form, Correctional facility medical staff will be consulted during consideration of the request.

To be considered for a **medical condition**, the applicant must complete the application and submit medical documentation (see “Medical Documentation” page) describing the nature of the request.

EMP Eligibility and Requirements

1. Minimum of 10 days to serve on sentence and granted Huber Law privileges from the court.
 - a. Less than a 10-day commitment will be reviewed by the Corrections Administrator for approval on a case by case basis.
2. Established residence in Green Lake County. Out-of-county residence may be considered if in a neighboring county. (i.e. Ripon is in Fond du Lac County)
3. Full-time Employment (at least 32 hours per week)
 - a. In Green Lake County
 - b. Out-of-county employment needs to be established prior to starting your sentence and will be reviewed by the Corrections Administrator for approval on a case-by-case basis.
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 secure employment in Green Lake County. Out-of-county employment searches will not be approved.
5. Cellphone (compatible with the monitoring equipment) so you can be reached by Corrections staff at any time while you are out on EMP.
6. All jail debt must be paid in full.
7. Payment plan set up with the Clerk of Courts prior to beginning EMP. 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.

Transportation:

If you plan to operate a motor vehicle for transportation or have another person provide transportation, you must provide proof of the following:

- a. Valid Driver's License
- b. Automobile Liability Insurance
- c. Vehicle registration

All drivers will be subject to approval by the Corrections Sergeants, riding with an undesignated driver will be subject to discipline.

Work Schedule:

If you are working, 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 be required to submit a weekly work schedule. Please have your employer/supervisor complete and sign the schedule provided in this packet.

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.

If your schedule/work hours vary from week to week, your employer/supervisor will need to fill out a schedule every week. Your work schedule must include every location that you will be working at for every workday.

Any **schedule changes** must be submitted, at least **48 hours in advance** for approval. Schedule changes received less than 48 hours prior to the event will **NOT** be approved.

Your work schedule must meet one of the following:

- If your shift does not require you to be outside of your residence for more than twelve (12) hours per day (including travel time),
 - You will not be allowed to work more than six (6) consecutive days in a row, so you must remain at your residence for 1 day each week.
- If your shift requires you to be outside of your residence for more than 12 hours per day (including travel time),
 - You will not be allowed to work more than five (5) consecutive days in a row, so you must remain at your residence for 2 days each week.

You will not be allowed to work during the following holidays, unless pre-approved by Corrections Administrator. Request must be submitted in writing at least 1 week prior to holiday.

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

Employee Paystubs/Timesheets:

An informational letter will be sent to your employer regarding your enrollment in the EMP program including rules and expectations.

You, or your employer, are required to submit time sheets or paycheck stubs as verification of hours worked for every pay period. Providing both is recommended and may be requested.

Appointments/Stops Schedule:

While on EMP you are required to be at your residence at all times, unless approved for work and scheduled appointments. Any stops (bank, gas, grocery) or requests to attend scheduled appointments (medical, probation, HHS) must be submitted on the **EMP Appointments/Stops Schedule** form.

The Corrections Administrator 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.

You must submit proof of the appointment to Correction Sergeants. Appointment slips are available for verification purposes.

Banking:

If you have direct deposit and need to make a bank stop to obtain money for EMP fees, you may schedule this once a week by submitting the EMP 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 advance 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 participant in the EMP program, you will be responsible for scheduling your own medical/dental appointments. These appointments must be listed on the EMP Appointments/Stops Schedule and must be submitted a minimum of 48 hours in advance, to allow for confirmation and approval.

All changes in medication/prescriptions need to be provided to jail medical.

Any medical expenses incurred while incarcerated will be billed to your account.

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 # 5 and leave a message for the Sergeants. They will return your call.

CHECK LIST

Please read this page carefully.

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

- Sentence Acknowledgement Form (schedule check-in date with jail) – completed/signed
- EMP Program Application - completed/signed
- Employment Verification – letter from employer on company letterhead
- Request for Self-Employment Form (if applicable)
- EMP Work Schedule – completed/signed by Supervisor
- EMP Appointment Stop Schedule – completed/signed
- Proof valid Driver's License (from you or the person who will be driving)
- Proof of Vehicle Insurance and vehicle registration (for vehicle that you will be driving/riding in)
- Payment plan set-up with Clerk of Courts (if applicable)

Additional:

- One-time charge for EMP hook-up = \$35.00
- You will be required to submit to a **drug test** upon check in and you will be charged \$10.50 for all drug tests administered while participating in the EMP Program.
If the test is positive for any unauthorized drug(s), you will not be released for work.
- You will be required to submit an **alcohol test**.
If the Intoximeter/PBT/ Urine analysis reports that there is any alcohol in your system, you will not be released for work.
 - Keep in mind it does test for Alcohol that may have been consumed previously (up to 5 days prior) and that will be considered a positive test.
- 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.

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 another county)
- \$30 per day – GPS & Alcohol monitor (transfer from another county)



EMP Program Application

Personal Information

Submit all forms from here to end of packet.

Applicant name: _____

Address: _____

City: _____ Zip: _____ County: _____

Telephone #: _____ Date of birth: _____ Sex: _____

Race: _____ Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Scars/marks/tattoos, etc.: _____

Marital status: (check one) Married Single Divorced Separated

Residence

How long at above address: _____

List all people living with you:

| Name | Date of Birth | Relationship |
|----------|---------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

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

Can you provide documentation stating visitation privileges? Yes No

Names/Ages of Children: _____

Custodial Parent, Name/Address/Phone #: _____

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

Explain: _____

Medical Documentation

List any disabilities or special medical conditions? _____

Are you currently taking 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: _____

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

Be sure to complete the attached **Authorization for the Release of Information** form, so
we can confirm medical/medication information you provided.

Other Appointments

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

Comments

Please provide a short explanation as to why you believe you should be eligible for this
program. _____

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:

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

Name of person or organization

Name of correctional facility

Street Address

City, State, Zip

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 HIPPA 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 disclose any protected health information received from other parties, that may be present in our record.

05B.22 Release of Information (from Outside to Facility)

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

Submit a **Letter from Employer** (on company letterhead, signed by supervisor or Human Resource Manager) detailing job duties, supervisor, length of employment and hourly wage.

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:

GREEN LAKE COUNTY CORRECTIONAL FACILITY

REQUEST FOR SELF EMPLOYMENT

Inmates Name: _____ Date: _____

I would like to request to be released from the Green Lake County Correctional Facility as a self-employed inmate. The following information is provided:

Business Name: _____ Phone #: _____

Business Location: _____

Type of Business: _____

Days of week you normally work: M T W TH F S SU

Hours you normally work: Start _____ Finish _____

Do you have Business Liability Insurance?

Yes

No

Explain: _____

Provide a Certificate of Liability insurance document.

Do you have a Business Checking Account?

Yes

No

You must provide a blank deposit slip from the account.

Do you have Tax ID Numbers?

Yes

No

Federal #: _____

State #: _____

Sellers Permit #: _____

Do you have Employees?

Yes How many Employees? _____

No

1. You must have your insurance agency provide a Certificate of Workman's Compensation insurance.

2. You must have an Unemployment Account with the State of Wisconsin.

Account #: _____

Do you have Health Insurance

Yes

No

Carrier Name: _____

Account # _____

Explain: _____

I certify that the above information is correct to the best of my knowledge. I also understand that providing false information may result in revocation or suspension of my Huber privileges or further disciplinary action by the Correctional staff.

Inmates Signature: _____ Date: _____

CORRECTIONAL STAFF USE ONLY

The above request for self-employment is Approved Denied.

Remarks: _____

Corrections Administration: _____ Date: _____

Criminal History

What is the current charge(s) and case number that you will be serving a sentence 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, Probation Agent's Name: _____

Phone # _____

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, provide 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 if my initial drug test or alcohol test is positive, I will not be released for work. Any positive test may result in a request for the court to revoke Huber privileges for the remainder of my sentence.

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 Staff

Date

Facility Nurse

Date

Approved/Denied by: _____

Corrections Sergeant

Date

GREEN LAKE COUNTY CORRECTIONAL FACILITY
EMP 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: _____

GREEN LAKE COUNTY CORRECTIONAL FACILITY
EMP 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: EMP Binder