

**COLUMBIA COUNTY SHERIFF'S DEPARTMENT
ELECTRONIC MONITORING PROGRAM
RULES/REGULATIONS**

Inmate Name:

File Number:

1. You are responsible for all of the applicable rules as established for the Columbia County Huber Facility as well as specific rules for the Electronic Monitoring Program. You will follow all established home, work, etc...rules. Unauthorized deviation from your schedule and/or approved travel routes is a violation.
2. You shall comply with all verbal and written instructions from the Jail Staff.
3. You shall remain at your approved residence at all times unless you have specific Security Staff authorization to leave.
4. You shall have a permanent residence in Columbia County unless otherwise approved.
5. You shall avoid any conduct that is a violation of any law, municipal, or county ordinance. You may not associate with any criminals, substance abusers, or gang members.
6. You shall not change residence, employment, or phone number without permission from a Jail Supervisor.
7. You shall report as directed for scheduled and unscheduled appointments.
8. You shall not have alcohol in your residence or on your property, or use (consume, ingest, or take into my body) and drugs (legal or illegal) or alcohol that has not been prescribed by a physician. This includes all over the counter non-prescription medication and mouthwashes, which contain alcohol. You will be required to submit to scheduled and random chemical testing and/or urinalysis, at your expense.
9. You will not enter the premises of any bar or tavern unless authorized for employment purposes.
10. Any Police contacts must be reported immediately to Jail Staff for forwarding to a Jail Supervisor.
11. You shall be subject to random home checks. You will allow anyone who comes to your home on behalf of the Sheriff's Department, permission to enter your home, to verify your compliance with program rules and conditions, and condition of program equipment.
12. Your schedule must be approved by a Jail Supervisor. Any changes in your schedule need prior approval 24 hours in advance.
13. You are responsible for informing any one at your residence about the program rules. NO extended or conjugal visits allowed. Only persons listed as a permanent resident on your initial application may stay overnight at your residence.
14. Initially, you will pay for two weeks in advance to initiate the program. You will then pay in advance the weekly fee, which is charged, for participation in the Electronic Monitoring Program. You will report to the Columbia County Jail once a week at scheduled times to make your fee payment and submit a work and appointment schedule. Your schedule must be for one week in advance. Your fees will be paid in cash or money orders. Personal checks **will not** be accepted. You will pay \$112.00 per week to offset the cost of the program and a \$30.00 initial set-up fee. Failure to make payments as scheduled will result in your return to the Columbia County Jail.
15. You shall be held responsible for any damage to the equipment. You shall not tamper with, attempt, or allow anyone else to tamper with or attempt to fix the equipment. All equipment shall be returned to the Columbia County Jail at 403 Jackson St, Portage, WI 53901 (608) 742-6476, upon termination of the program. If you do not bring the equipment back in good condition, the District Attorney can charge you with theft or vandalism.

- 16. You understand that all movement will be tracked and stored as an official record.
- 17. You will not enter areas that are defined as off-limits.
- 18. You agree to respond immediately to all messages that are sent to the MTD.
- 19. You are not allowed to submerge the bracelet into water. You are allowed to take a shower with the bracelet.
- 20. Other specific rules may be imposed at any time.

It has been explained to you that any violation, while participating in the Columbia County Electronic Monitoring Program, may result in your immediate return to the jail. Your failure on this program may also result in the loss of Good Time and/or Huber privileges upon return to Jail. If you fail on this program, you will serve your remaining sentence at the Huber Center or the Jail.

I agree that the County of Columbia, the Columbia County Sheriff's Department and its agents, are not liable for any damages incurred as a result of my participation in the program.

I understand and do agree to abide by all of the conditions of this informed consent.

Participant's Signature _____ Date Signed _____

Officer Signature _____ Date Signed _____

Do you have any disabilities or special medical conditions? _____

Are you currently taking any prescribed medication(s)? (Circle One) YES / NO

If yes, name of MEDICATION(S) _____

Name of Doctor _____ Phone # _____

Have you ever been treated for drug or alcohol abuse? (Circle One) YES / NO

If yes, 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 should be eligible for this program: _____

EMPLOYMENT INFORMATION

Employer _____

Address _____ City _____ County _____

Phone # _____ Type of Work _____

Supervisor Name _____ Phone # _____

Weekly Work Hours (Days/Time) _____

Length of Employment _____

Does your job location vary? (Circle One) YES / NO

Does your supervisor work on site with you? (Circle One) YES / NO

Does your job take you out of the county? (Circle One) YES / NO

Are you self employed (proof required)? (Circle One) YES / NO

Will you have transportation that meets Huber requirement (i.e., valid DL, vehicle registration, etc.)? (Circle One) YES / NO

Explain your transportation and how it meets Huber requirements: _____

Applicant: ACCEPTED / DENIED Date: _____

Reviewing Officer Signature: _____

**COLUMBIA COUNTY SHERIFF'S DEPARTMENT
ELECTRONIC MONITORING PROGRAM**

INMATE CONTRACT

This contract constitutes the agreement made between the inmate and the Columbia County Jail for their role in the Electronic Monitoring Program. The undersigned inmate acknowledges a complete understanding of the rules and regulations of the Electronic Monitoring Program, and agrees to live within these rules and regulations. The inmate also pledges that all information given to the monitoring staff during the application and classification process is true to the best of their knowledge.

The rules of the Electronic Monitoring Program have been provided to me. I fully understand what is expected of me and the possible consequences of my failure to comply with these rules. I agree to release the Columbia County Sheriff's Department, its personnel, and the vendor from any liability associated with my participation in the Electronic Monitoring Program. I understand that upon completion of the program, the equipment will be returned to the Columbia County Jail. I also must complete normal release from custody procedures at the Columbia County Jail on my release date. I am not allowed to remove my ankle strap at anytime. Jail Staff will remove the bracelet upon my release.

My signature confirms the above as well as my receipt of the Electronic Monitoring Program equipment.

INMATE NAME _____

SIGNATURE _____ **DATE** _____

OFFICER SIGNATURE _____ **DATE** _____

COLUMBIA COUNTY SHERIFF'S DEPARTMENT

Roger Brandner, Sheriff
711 E. Cook Street
Portage, WI 53901
Office (608) 742-4166
Fax (608) 745-4809

**ELECTRONIC MONITORING PROGRAM
EMPLOYER AGREEMENT**

_____ will be participating in the Columbia County Jail Electronic Monitoring Program. The inmate will be enrolled in the program **starting** _____ and **ending** _____.

A requirement of this program is that the employer notify the Columbia County Huber Officer at (608) 742-6476 if the employee fails to report for work or leaves work during his/her assigned shift. The person on EMP may work up to six days a week. The responsibility for notification of shift changes or overtime rest with the employee who is on EMP and verified by the employer. The employee is required to contact the Jail Supervisor with schedule changes at least 24 hours in advance, and they are only allowed one schedule change per week.

I agree to notify the Columbia County Jail/Huber Center of any violation.

SUPERVISOR SIGNATURE _____ Date _____

COMPANY _____ PHONE _____