

**Kewaunee County Sheriff's Department ~ Jail Division**

**Application for Electronic Monitoring Program**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

How long lived at above address \_\_\_\_\_ Rent or Own (Circle One)

Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_

Sex \_\_\_ Race \_\_\_ Height \_\_\_ Weight \_\_\_ Eye color \_\_\_ Hair color \_\_\_ Marital Status \_\_\_\_\_

Scars/Marks/Tattoos/Etc. \_\_\_\_\_

Name of persons living with you	DOB	Relationship
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_____	_____	_____
_____	_____	_____
_____	_____	_____

List any weapons kept in the home \_\_\_\_\_

Do you have childcare privileges? \_\_\_ Do you have special circumstances? \_\_\_\_\_

Explain: \_\_\_\_\_

Do you have any disabilities or special medical conditions? \_\_\_\_\_

Explain: \_\_\_\_\_

Are you currently taking a prescribed medication? \_\_\_\_\_ Doctor \_\_\_\_\_

Name of medication(s) \_\_\_\_\_

Have you ever been treated for drug or alcohol abuse? \_\_\_ If so, when? \_\_\_\_\_

Location and reason for treatment \_\_\_\_\_

Do you have regularly scheduled appointments besides work (treatment, counseling)? \_\_\_\_\_

Explain: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Supervisors name \_\_\_\_\_ Telephone # \_\_\_\_\_

Length of employment \_\_\_\_\_ Hourly wage or salary \_\_\_\_\_

Pay period \_\_\_\_\_ Weekly work hours (days/time) \_\_\_\_\_

Does your supervisor work on site with you? \_\_\_ Does your job location vary? \_\_\_\_\_

Explain \_\_\_\_\_

Do you have transportation? \_\_\_ Explain \_\_\_\_\_

**CRIMINAL INFORMATION:**

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

What is the length of your sentence? \_\_\_\_\_

When is your scheduled release date? \_\_\_\_\_

Do you have any charges pending? \_\_\_\_\_ List charges & jurisdiction \_\_\_\_\_

Are you currently on probation/parole? \_\_\_\_\_ Agents 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 is the victim? \_\_\_\_\_ Have you been charged with a crime against a person? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Do you have, or have you ever had, any restraining orders/injunctions against you? \_\_\_\_\_

If yes, explain \_\_\_\_\_

List all previous criminal charges:

Charge	Date	Jurisdiction	Disposition

I agree that the above information is true and accurate. Any information that I provide that misleads any member of the Kewaunee County Sheriff’s Department will result in me being disqualified from the program and could result in disciplinary actions against me.

I also understand that completion of this application DOES NOT guarantee that I will be accepted on the Electronic Monitoring Program.

\_\_\_\_\_  
Inmate Signature Date

\_\_\_\_\_  
Huber Officer Date

\*\*\*\*\*Do Not Write Below This Line\*\*\*\*\*

Approved Yes No ID Number \_\_\_\_\_

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

Unit Serial Number \_\_\_\_\_

Accessories Provided \_\_\_\_\_