

Kewaunee County Sheriff's Department

Electronic Monitoring Program – Rules and Regulations Sign-Off

Introduction to the Program:

The Kewaunee County Sheriff's Department Electronic Monitoring Program is an opportunity that is available to inmates that meet specific qualifications. The Electronic Monitoring Program is a change in housing assignment-not a right. The Electronic Monitoring Program allows inmates to serve their jail sentence outside the jail. This will allow them to maintain family relationships and fulfill their employment responsibilities more efficiently.

To be placed on electronic monitoring an inmate must be serious about serving their sentence in a cooperative and positive manner. Inmates who are not able to abide by the rules of the Program will lose the benefits the program offers and will be returned to the jail. At the discretion of the Huber Officer, inmates selected for the program may do all or only part of their sentence on the program. Inmates will be required to sign an agreement to follow all program rules.

This pamphlet contains information you will need to know while serving a sentence on the Electronic Monitoring Program. You are expected to read all of the information on this pamphlet, and will be held responsible if a rule is violated. It is important to remember the Electronic Monitoring Program is a privilege and may be revoked at any time for violation of program rules.

Rules and Regulation:

1. I agree to reside at an approved residence at all times as authorized by the Kewaunee County Huber Officer. I must get permission prior to another person moving into my residence. No visitors are allowed at the residence no matter who they are there to visit unless pre-approved by the Huber Officer. INITIALS _____
2. I must answer the phone at all times. I must have a working telephone without any custom features such as privacy manager or call blocking. I am not allowed to have the internet connected to my telephone line. I also agree to keep my phone in good working condition and my telephone bill paid. INITIALS _____
3. If my telephone or electricity is disconnected or fails to work for any reason, I will return to the Kewaunee County Jail. INITIALS _____
4. I understand that Kewaunee County does not have any responsibility to provide food, clothing, dental or other medical care etc. during my participation in this program. INITIALS _____
5. I agree that I will reveal my current health status to any staff member and will also notify them of any pre-existing medical conditions that I am aware of such as pregnancy, diabetes or any type of known skin disorder or condition. INITIALS _____
6. I agree to allow the Kewaunee County Sheriff's Dept. or any Law Enforcement Officer including a K-9 unit to enter my residence at any time to ensure that I am complying with the rules of the program, and inspect the program equipment. I must also answer the door for Law Enforcement at all times. INITIALS _____
7. I agree to allow the Kewaunee County Sheriff's Dept. or any Law Enforcement Officer including a K-9 unit to search my residence, my person or any vehicle that I use for possible violations of any jail, ordinance, county, state or federal laws. INITIALS _____
8. I will not present false information to any staff member while on the program. INITIALS _____
9. I agree to comply with all verbal and written instructions from the staff of the Kewaunee County Sheriff's Dept. INITIALS _____
10. I agree to comply with all federal, state, and local laws, ordinances and any rules of supervision set up through Probation and Parole. I will report any contact with Law Enforcement (other than compliance checks) to the Huber Officer immediately. INITIALS _____
11. I understand that I will be charged an electronic monitoring fee. I must pay the fees for participation in the Electronic Monitoring Program. Failure to pay my fees may result in disciplinary action. If I cannot afford the fees initially, I may be billed those fees. Failure to make payments on those fees may result in my account with the Kewaunee County Jail being turned over to a collections agency. INITIALS _____
12. I may be directed to turn over paychecks or other earnings to the Huber Officer to assure that fees are paid while on the electronic monitoring program. INITIALS _____

13. If I am a participant in the electronic monitoring program for less than 20 days, I must prepay all associated fees for the electronic monitoring program and work release privileges. INITIALS_____
14. I understand that I cannot possess or use any drugs (legal or illegal) that have not been prescribed by a physician. This includes all over the counter/non-prescription medication. I also understand that I will be required to submit to scheduled and random drug and alcohol screenings at my expense. INITIALS_____
15. I understand that I cannot possess or consume any product containing alcohol at any time while on the program. At the time of my initial turn in, I will be 100% sober. INITIALS_____
16. I understand that I may not have any weapons or ammunition on my property while on the program. INITIALS_____
17. I understand that I must remain at my approved residence on home detention at all times, unless I have specific authorization to leave. I will be granted work release privileges to leave for up to 12 hrs. per day / 6 days per week. INITIALS_____
18. I understand that I am only allowed to reside and work in Kewaunee County or adjacent counties. INITIALS_____
19. I understand that if I must leave my residence at any time outside of my approved schedule I will get permission from the Huber Officer. If no answer I will leave a message and wait for a response. I understand that I must get permission to go outside of placement site. INITIALS_____
20. I agree to maintain my employment and any participation in any schooling or counseling programs as approved by the Huber Officer, and according to my weekly schedule. I will notify the Huber Officer immediately of any changes caused by sick time, lay off, overtime, vacation time, new employment etc. INITIALS_____
21. I will report to the Huber Officer and I will schedule all activities at least one week in advance. INITIALS_____
22. While on electronic monitoring I cannot work for any other inmate of any institution. INITIALS_____
23. I understand that all movement will be traced and stored as an official record. There will be no unauthorized stops, I will go directly to my approved destination, remain there, and return to my placement site when finished. INITIALS_____
24. I accept responsibility for the care of the electronic monitoring equipment issued to me. I will be held financially responsible for any damage to or loss of equipment, and may be held civilly and /or criminally liable for replacement costs. INITIALS_____
25. I will not tamper with the electronic monitoring equipment in any way, nor will I remove or attempt to remove the bracelet, or place any obstruction material between the bracelet and skin. INITIALS_____
26. I understand that I must charge my bracelet according to the procedures that I have been shown. INITIALS_____
27. I am not allowed to go swimming, take a bath, or take my bracelet into water. I am only allowed to take a shower. If I submerge my bracelet in water it will be considered an attempt to defeat it and will be handled in the same manner as a tamper or obstruction. INITIALS_____
28. I agree that when showering, I will thoroughly clean the area around the bracelet with soap and water. I will thoroughly rinse the area with clean water and dry thoroughly. I understand that failure to rinse away all soap and dry the area around the bracelet may result in a skin rash. INITIALS_____
29. I am not allowed to go into a tanning bed, or tan while on the program. INITIALS_____
30. I will review the Kewaunee County Sheriff's Department Electronic Monitoring Program Packet and agree to follow information contained in that packet. INITIALS_____
31. I will review the Electronic Monitoring Responsibility form and agree to follow the information contained in that form. INITIALS_____
32. I will complete an application for participation in the Electronic Monitoring Program and will provide true and accurate information on said form. INITIALS_____
33. I will complete a Financial History form and all information provided will be true and accurate. INITIALS_____
34. I will immediately contact the Huber Officer with any damages or malfunctions in the electronic monitoring equipment. INITIALS_____
35. I will not forge or alter any Kewaunee County Jail Division document. INITIALS_____

36. I agree not to conduct any type(s) of activities while on the Electronic Monitoring Program that would put me or someone else at risk of injury, severe injury or death. INITIALS _____

37. I agree that if any bills or debts, medical or otherwise are incurred while on my participation in the Electronic Monitoring Program, that I acknowledge, agree to and take responsibility for said bills or debts. INITIALS _____

I have read and understand the above rules of the Kewaunee County Sheriff's Department Electronic Monitoring Program. I understand that my participation in this program is voluntary, and by volunteering for this program I agree to follow the rules. I understand that all of the rules will remain in effect for the duration of my participation in the program. I understand that any violation of the rules could result in discipline, up to and including loss of Huber Privileges and removal from the Electronic Monitoring Program.

POTENTIAL RESPONSES TO RULE VIOLATIONS:

- Verbal Warning
- Change of Housing Assignment to the Jail
- Revocation or Suspension of Huber Law/Work Release Privileges
- Removal from the Electronic Monitoring Program
- Loss of Good Time
- Criminal Charges

Signed: _____ Date: _____

Huber Officer: _____ Date: _____