Lincoln County Jail

Request for Huber / EMP Employment

(to be filled out by the employer)

Name of Inmate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employer/Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisors Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate of Pay: \_\_\_\_\_\_\_\_\_\_\_p/hr Next pay date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Pay periods are: Weekly \_\_\_\_ Bi-weekly\_\_\_\_

Insurance Company and policy number covering your business for Worker’s Compensation are

**required** to be listed below.

Insurance Company :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coverage dates: \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_

List your I.R.S. Employer ID number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List your Wisconsin Department of Revenue I.D. number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer or authorized agent:

 Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A copy of the employee's timecard or pay stub must be submitted to the Lincoln County Sheriff's Office for each pay period in which the inmate is under the supervision of the Lincoln County Jail This can be done via postal mail, fax, or email.

Weekly Huber/EMP Schedule

Inmates will not be allowed out more than 12 hours per day (including travel time),

more than 60 hours per week, or more than 6 days in a row. Unless pre approved by a Correctional Sergeant.

Completed schedules must be turned in every Saturday for the following week. They can be delivered to the jail lobby, faxed to 715-536-3466 or emailed to lincoln.sheriff.corrections.sergeant@co.lincoln.wi.us

| Date | Day Of Week  | Start Time  | End TIme  | Total hours  |
| --- | --- | --- | --- | --- |
|  | Sunday |  |  |  |
|  | Monday |  |  |  |
|  | Tuesday |  |  |  |
|  | Wednesday |  |  |  |
|  | Thursday  |  |  |  |
|  | Friday |  |  |  |
|  | Saturday |  |  |  |

I, hereby state that the hours listed above are paid hours for the employee listed. I understand that this information is public record and may be given to the IRS, Social Security Office, Employment Information Board or others as requested. I agree to call the Lincoln County Jail at 715-536-6275 with any changes to this information immediately.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor signature Date

Eligibility / and Guidelines for

Lincoln County Electronic Monitoring Program (EMP)

You must be sentenced to Lincoln County Jail with at least 10 days to serve remaining on your sentence.

\*Huber Transfer inmates will only be considered if they are pre-qualified for the program. \*

You must complete an “Electronic Monitoring Program” packet including your criminal history (past and present), a copy of the criminal complaint for this offense and your current Judgment of Conviction. If the current offense is OWI related an AODA Assessment must be completed and a copy of your Drivers Safety Plan must be submitted along with proof of Ignition Interlock device (IID), IID exemption forms, or proof that no vehicles are registered to you from the Department of Motor Vehicles.

Previous criminal offenses as well as current cases may disqualify you for consideration for the EMP program.

Those sentenced to or currently on probation must have their place of residence approved by their Probation Agent. It is the responsibility of the applicant to have this verification delivered to the jail.

The owner/renter (listed on the lease) of the residence you plan to use to complete your house arrest must complete and sign an agreement ensuring that there will be no alcohol, non-prescription drugs, or firearms on the property for the duration of your sentence. In addition the owner/renter must agree to grant access to the property and agree to searches of said property by Lincoln County Sheriff's Office Staff at any time during the duration of your sentence.

Any persons wishing to transfer their sentence to Lincoln County from another county must have prior approval from the sentencing county as well as Lincoln County. In addition, additional EMP transfers to Lincoln County will be required to pay additional charges.

All Alcohol related sentences will be duel monitored. This means that the inmate will either be required to carry a Remote Breath Device with them at all times or wear a second alcohol monitoring ankle bracelet. There will be an additional charge for these devices.

You must have a working telephone to ensure that communication will not be interrupted between you and the Lincoln County Jail staff.

You must provide Lincoln County Jail staff with a complete work schedule at the time of enrolment. Timecards, schedules, and payments will be required on a weekly basis thereafter.

You will need to provide a negative drug screening at the time of your arrival to the Lincoln County Jail for booking and hook up and at any time requested by jail staff thereafter.

NO non-prescription drug or alcohol use will be tolerated. Any positive tests will result in immediate termination of your EMP privileges and you will be required to return to jail. Any transfer inmates that test positive for non-prescription drugs or alcohol will be required to report to the Lincoln County Jail until they can be transferred back to their original sentencing county. If you are removed from the program due to a positive drug screen, you will NOT be refunded.

**NOTE**: If you are prescribed a medication that could cause a positive drug screen result it is your responsibility to provide proof of your valid prescription from your medical professional.

By signing and submitting the EMP packet you acknowledge that you will follow all Lincoln County Jail Rules in addition to EMP requirements, you acknowledge that you are responsible for all electronic monitoring / alcohol monitoring equipment issued to you. You acknowledge that you will pay all initial costs of the EMP program and the first two (2) weeks of monitor fees at the time of hook-up, in addition you must retain a balance in your jail account to cover two (2) weeks of monitor payments at all times. (Payments will be charged to your jail account Sundays at 1201 am.)

**Completion of EMP packet and providing necessary documentation does not necessarily approve you for eligibility to the Lincoln County Jail EMP Program, Lincoln County Jail reserves the right to disqualify you for any reason.**

**Lincoln County Jail**

**Electronic Monitoring Fees**

**Lincoln County Sentences**

$ 10.00 EMP Hook-up and UA Fee

$ 30.00 Booking fee (per court Case)

$131.25 Weekly EMP Fee ( weeks run Sunday-Saturday)

**Transfers from Other Counties**

$ 10.00 EMP Hook-up and UA Fee

$ 50.00 Huber Transfer Booking Fee (per court case)

$165.00 Weekly EMP Fee (weeks run Sunday-Saturday)

**Additional Weekly Alcohol Monitoring Fees**

$84.00 Alcohol Monitoring Bracelet (CAM)

$70.00 Remote Breath Device

\*Any replacement or repair costs of EMP or Alcohol Monitoring equipment will be the responsibility of the inmate issued the equipment.\*

All hook-up and booking fees are non refundable. If you are removed from the EMP program you will be charged for the entire week of your removal. Any monies remaining after that charge may be eligible for credit to your jail account.

**Lincoln County Jail Application for**

**Electronic Monitoring Program (EMP)**

**Lincoln County Wisconsin**

**Personal Information:**

Applicant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_\_ Race:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_ Eye Color:\_\_\_\_\_\_\_\_ Hair Color:\_\_\_\_\_\_\_\_\_\_\_\_

Scars/ Marks/ Tattoos, Ect: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status:

* Married
* Single
* Divorced
* Seperated

How long have you lived at the above address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you rent or own the residence?

* Rent
* Own
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all persons living at the above address other than yourself:

Name Age Relationship to you

1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If divorced and have children do you have visitation privileges? \_\_\_\_Yes \_\_\_\_ No

If yes list name(s) and ages of the children

1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the name, address, and phone number of the custodial parent.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain any additional family circumstances we should be aware of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Medical Documentation:**

Do you have any medical needs, disabilities, or conditions we should be aware of?

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

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Attach additional pages if necessary.

Are you currently taking any prescription medications? Yes / No

Name of medication Dosage

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Attach additional pages if necessary.

Name and Address of Doctors

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever been treated for drug abuse? Yes / No

Please provide the following information:

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for treatment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have regularly scheduled appointments besides work? (I.E. treatment, counseling )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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In the space provided please provide a brief explanation of why you should be considered for this program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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You may provide any written documentation from your medical professional that you feel should be reviewed by Lincoln County Medical staff while considering your application for the EMP program.

**Criminal History:**

What is the current charge(s) you are sentenced to jail for?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Do you have any pending criminal or traffic charges against you? \_\_\_\_\_Yes \_\_\_\_\_No

 If so list the charge and the jurisdiction:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you currently on Probation or Parole? \_\_\_\_Yes \_\_\_\_\_No

 If so lIst the: Name of your agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Agent’s phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 list the name and address of the respondent/petitioner:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Employment Information:**

Employer/Company name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of employment with the employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your job location vary? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your supervisor work on site with you at all times? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your job take you outside of Lincoln County? \_\_\_\_\_ Yes \_\_\_\_ No

Are you self-employed? (proof of self employment will be required) \_\_\_\_\_ Yes \_\_\_\_\_ No

Will you have transportation that meets Huber requirements? \_\_\_\_\_ Yes \_\_\_\_\_ No

List the names of the person(s) who will be providing your transportation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Be aware that if you are accepted to the Lincoln County Jail EMP program all persons providing you transport will need to submit a printed copy of their valid drivers license and current vehicle insurance card.

I certify that all information in this application is true and correct to the best of my knowledge. I understand that any false statements or purposeful omissions will result in immediate disqualification from consideration for the EMP Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Inmate Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Jail Staff Use below this point**

Date Application was received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sergeant receiving application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Decision of Jail Sergeants: \_\_\_ Approved \_\_\_ Denied

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Applicant notified of decision: on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_

 ( Date) (Time)

Sergeant making notification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lincoln County Jail

Owner/Occupant Permission Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to use my residence located at:

 Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

While participating in the Electronic Monitoring Program (EMP). I understand that by signing this I am agreeing to abide by the following rules:

1. I agree to submit the listed place of residence to a search at any time when requested by any Law Enforcement Officer / Correctional Staff. This agreement allows them to enter the residence at any time to inspect EMP equipment and ensure compliance with all program rules and regulations.

Initial \_\_\_\_\_\_\_\_\_

1. I agree that at no time while the above named person is participating in the EMP program, will I, or anyone else, have any illegal drugs or alcohol at the residence.

Initial \_\_\_\_\_\_\_\_\_

1. I agree to remove all weapons / firearms from the residence while the above-named person is residing there on the EMP Program.

 Initial \_\_\_\_\_\_\_\_\_

Owner/ Listed Renter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

Lincoln County Jail

Electronic Monitoring Program Participation Agreement

This document constitutes a written agreement by the participant with the Lincoln County Sheriff's Office for the purpose of serving his/her jail time on the jails Electronic Monitoring Program (EMP) in lieu of serving their jail time in the Lincoln

County Jail.

The participant pledges that all information given to Lincoln County staff during the application process and throughout the completion of their sentence will be true to the best of his/her knowledge. Applicant initials:\_\_\_\_\_\_\_\_

The participant acknowledges having received all Lincoln County Jail rules along with a copy of the Huber/EMP rules and has an opportunity to discuss those rules with Lincoln County Jail Staff. Applicant Initials: \_\_\_\_\_\_\_\_\_\_\_

The participant acknowledges that he/she understands and agrees to comply with the rules of the Lincoln County Jail and the Huber/EMP rules provided to them.

 Applicant initials: \_\_\_\_\_\_\_\_\_\_

The participant acknowledges that failure to comply with any of the rules provided to them for this program will result in disciplinary action up to and including immediate suspension or termination of their Huber/EMP privileges, loss of good time, and criminal charges if applicable. Transfers failing to comply with any of the rules provided shall return to their county of sentencing. Applicant initials: \_\_\_\_\_\_\_

The participant releases Lincoln County Sheriff's Office and its personnel from any liability associated with participation in the EMP Program. Applicant initials: \_\_\_\_\_\_\_\_\_\_

The participant agrees that upon completion of / termination from the program all program equipment issued to him/her will be returned to the Lincoln County Jail in clean and operable condition. All costs of repairing or replacing any equipment will be charged to the participant. Applicants Initials:\_\_\_\_\_\_\_\_\_\_

The participant agrees to immediately contact the Lincoln County Jail when directed to do so by the audible alarm on the monitor. Applicant initials:\_\_\_\_\_\_\_\_\_\_

The participant agrees to comply with all lawful orders issued to them by Lincoln County Sheriff's Office staff. Applicants initials: \_\_\_\_\_\_\_\_\_\_

The participant agrees to report to the Lincoln County Jail as scheduled by Lincoln County Correctional Sergeants. Applicants initials: \_\_\_\_\_\_\_\_\_\_

The participants signature confirms agreement to all statements listed in this document and to the receipt of all EMP issued equipment:

Participants printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Sergeants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_