

Consideration for Eligibility for Lincoln County EMP program

1. You **must** be sentenced to Lincoln County Jail with at least 15 days remaining on your sentence. Huber-transfer inmates may be considered for this program if you pre-qualify for the program.
2. Probation-Sentenced offenders and their living arrangements must be pre-approved by your Probation Agent to qualify for eligibility
3. You **must** complete an application packet for the "Electronic Monitoring Program" including your criminal history, past and present
4. You **must** provide a copy of the CRIMINAL COMPLAINT and JUDGEMENT OF CONVICTION for the current charge/s for which you have been sentenced. AODA ASSESSMENT and receipt of installation of the IGNITION INTERLOCK DEVICE **will** be required if it is an OWI conviction.
5. Your Criminal History (including multiple OWI's) may exclude you from the program.
6. You **must** provide a negative drug screen test prior to admission into the program and pay a non-refundable \$10.00 setup fee.
7. You **must** pre-pay program expense two weeks in advance (\$15/day totaling \$210/bi-weekly) Huber transfers must pay in advance (\$20/day totaling \$280/bi-weekly) If your stay is less than two weeks, all fees **must** be paid in full prior to release on the program.
8. You **must** have a working phone line at **all** times in your approved residence in Lincoln County. Your phone line **must** have no additional features on the line. Cordless and cellular phones are **not** allowed for this program.
9. You **must** wear program-issued electronic monitor at all times while participating in the monitoring program.
10. You **must** comply with **all** Lincoln County Jail/Huber rules, and conditions of probation.
11. Failure to Comply with the program rules may result in your return to the Lincoln County Jail, Revocation of Huber, and/or additional Criminal Charges.
12. If you are pulled from the program early for any reason all fees paid to the program are non-refundable.
13. You **will** be held financially responsible for any/all damage to electronic monitoring equipment while in your possession.

**Meeting the above criteria does not necessarily approve you for eligibility.
Lincoln County reserves the right to disqualify you for any reason.**

**Lincoln County Jail
Electronic Monitoring Program
Lincoln County, WI**

APPLICATION FOR ELECTRONIC MONITORING PROGRAM (EMP)

Personal Information

Applicant name: _____

Address: _____

City: _____ Zip: _____ County: _____

Telephone #: _____ Social Security # _____

Date of birth: _____ Sex: _____ Race: _____ Height: _____ Weight: _____

Eye color: _____ Hair color: _____ Scars/marks/tattoos, etc.: _____

Marital status: (check one) Married Single Divorced Separated

How long at above address: _____

Do you rent or own residence: Rent Own Other: _____

List all people living with you:

	Name	Age	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

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

If yes, names/ages of children: _____

Name/Address/Phone # of custodial parent: _____

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

Explain: _____

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Medical Documentation

What are your disabilities or special medical conditions? _____

Are you currently taking a 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? _____

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.

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You may provide a written recommendation from you doctor. This recommendation will be shared with the Lincoln County Jail medical staff, while considering your application.

Employment Information

Employer: _____

Address: _____

City: _____ Zip: _____ County: _____

Telephone #: _____ Type of Work: _____

Weekly work hours (day/time): _____

Length of employment: _____

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

Are you self-employed (proof required)? Yes No

Will you have transportation that meets Huber requirements? Yes No

Explain transportation and how it meets Huber requirements: _____

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Electronic Monitoring Program
Lincoln County, WI**

Criminal History

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

What is the length of your sentence? _____

What is your scheduled release date? _____

Do you have any charges pending (list charges/jurisdiction)? Yes No

1. _____

2. _____

Are you currently on probation or parole? Yes No

If yes, what charge(s) are you on probation for?

1. _____

2. _____

3. _____

If yes, what is the name and phone number of your agent?

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, 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 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: _____
Program director Date

Approved by: _____
Corrections administrator Date

Inmate Contract

This document constitutes an agreement made by the applicant with the Lincoln County Jail for the purpose of participating in the Electronic Monitoring Program (EMP).

The applicant pledges that all information given to corrections staff during the application and classification process is true to the best of his/her knowledge.

The applicant acknowledges having received a copy of the rules of the EMP program and has had the opportunity to discuss them with Correctional Sergeant.

The applicant acknowledges that he/she understands the rules of EMP, and agrees to comply with them. **Failure to comply with the rules will result in disciplinary actions that may include: removal from EMP and completing the sentence in the jail, loss of good time and suspension or revocation of Huber law privileges.**

The applicant releases the Lincoln County Sheriff's Office, the Lincoln County Jail, and its personnel from any liability associated with my participation in EMP.

The applicant agrees that upon completion of the program, all of the program equipment issued to him/her shall be returned to the appropriate corrections official in clean operable condition or the cost of repairing, servicing or replacing the equipment will be assessed against the applicant.

The applicant agrees to comply with all lawful orders and instructions issued by Lincoln County Jail and law enforcement officers.

The applicant agrees to report to the Lincoln County Jail, weekly as assigned.

My signature confirms the above, as well as my receipt of EMP equipment.

Applicant name (print): _____

Signature: _____ Date: _____

Correctional Sergeant signature: _____

Scheduled weekly report date: _____