

Winnebago County Sheriff's Office

Electronic Monitoring Program

Introduction to the Program:

The Winnebago County Electronic Monitoring (EM) Program is an opportunity that is available to inmates that meet specific qualifications. The EM Program is a change in housing assignment-not a right. The EM 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 EM 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 EM Program will lose the benefits the program offers and will be returned to the jail. At the discretion of the staff, inmates selected for the program may do all or only part of their sentence on the program. EM 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 EM 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 EM 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 Winnebago County EM staff. 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. **INITIALS** _____
2. I must answer the phone at all times. I must have a working cell phone with texting capabilities. I also agree to keep my cell phone in good working condition and my telephone bill paid. **INITIALS** _____
3. If my cell phone or electricity is disconnected or fails to work for any reason, I will return to the Winnebago County Jail. **INITIALS** _____
4. I understand that Winnebago County does not have any responsibility to provide food, clothing, dental or other medical care 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 Winnebago County Sheriff's Office or any Law Enforcement Officer including K-9 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 answer the door at all times.** **INITIALS** _____
7. I will not present false information to any staff member while on the program. **INITIALS** _____
8. I agree to comply with all verbal and written instructions from the staff of the Winnebago county Sheriff's office. **INITIALS** _____
9. 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 EM staff immediately. **INITIALS** _____
10. **I understand if a court order requires installation of an Ignition Interlock Device on every vehicle owned by me. I must provide a copy of such installation within 2 weeks after the court issues the order. Failure to comply with such order does not allow the Sheriff's Office to allow me EM privileges.** **INITIALS** _____
11. **I understand that I will be charged an electronic monitoring fee. I must pay 1 week of fees in advance for participation in the EM Program. Failure to pay for EM Fees will result in disciplinary action.** **INITIALS** _____
12. **I must turn in all earnings, wages, salary, monies, or unemployment compensation IN FULL to the EM Account Clerk. Paychecks shall be mailed from my employer to the clerk. In the case of direct deposit, a check-stub will be presented to the clerk at the time of check-in. Other payment arrangements can be made with prior approval from the Work Release Unit Staff.** **INITIALS** _____
13. 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** _____

14. 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 _____
15. I understand that I may not have any weapons or ammunition on my property while on the program. INITIALS _____
16. 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 the privilege to leave for up to 12 hrs. per day/6 days per week. INITIALS _____
17. I understand that I am only allowed to reside and work in Winnebago county or adjacent counties. INITIALS _____
18. I understand that if I must leave my residence at any time outside of my approved schedule I will get permission from EM staff. If no answer I will leave a message and wait for a response. I understand that I must get permission to go outside of my residence to do any house work i.e. mowing, shoveling, letting animals out. INITIALS _____
19. I agree to maintain my employment and any participation in any schooling or counseling programs as approved by the EM staff, and according to my weekly schedule. I will notify the staff immediately of any changes caused by sick time, lay off, overtime, vacation time, new employment etc. INITIALS _____
20. I will report to the EM Office on a scheduled check-in day to submit a weekly schedule. I will schedule all activities one week in advance. INITIALS _____
21. While on electronic monitoring I cannot work for any other inmate of any institution. INITIALS _____
22. 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 house when finished. INITIALS _____
23. I accept responsibility for the care of the EM 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 _____
24. I will not tamper with the EM 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 _____
25. I understand that I must charge my bracelet and alcohol monitoring- device according to the procedures that I have been shown. INITIALS _____

26. I understand that I must carry my alcohol- monitoring device with me at all times. I will use the protective case at all times 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 _____

I have read and understand the above rules of the Winnebago County Sheriff's office 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 EM Program
- Loss of Good Time
- Criminal Charges

Signed _____ Date _____

WRU _____ Date _____

APPLICATION FOR ELECTRONIC MONITORING

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

VEHICLE INFORMATION:

List all vehicles registered to/owned by you:

Make	Model	Year	License Plate #

I agree that the above information is true and accurate. Any information that I provide that misleads the monitoring staff 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

Receiving Officer Date