

Oneida County Electronic Monitoring Program New Client Enrollment Requirements

The Electronic Monitoring Program (EMP) is a program of the Oneida County Sheriff's Department, used as an alternative to incarceration. Please ensure that all the following items are in place at the time of the enrollment.

- **Enrollment Scheduling:**

- The Oneida County Sheriff's Department will inform you of your enrollment date and time. All clients will be required to fill out an application and complete an assessment.

- **Fee Payments:**

- All monitoring fees will be paid directly to the Oneida County Sheriff's Department.
- Your initial payment of \$168.00 (\$21.00 hook-up fee included) is due at the time of enrollment.
- You will be required to make weekly payments of \$147.00 (\$21.00 daily) until completion of the EMP program.
- Fees may be paid in the form of Cash, Money Order or Cashier's Check.
- **Out of County transfer** fees require an initial payment of \$231.00 (\$21.00 hook-up fee included).
 - You will be required to make weekly payments of \$210.00 (\$30.00 daily) until completion of the EMP program.
- You will provide a Urinalysis test every week at a payment of \$15.00

- **Work Schedule:**

- Be prepared to give the officer that enrolls you your complete work schedule.
- You will be required to turn in timecards to the Oneida County Sheriff's Department staff on a weekly basis.

Thank You
Oneida County Sheriff's Department

**ONEIDA COUNTY SHERIFF'S OFFICE
JAIL DIVISION
ELECTRONIC MONITORING PROGRAM**

RULES AND REGULATIONS

The following is a guideline for the rules of the Oneida County Electronic Monitoring Program. These rules should be used as an example and are not all encompassing. Each application will be considered on its own merits and will ultimately be decided based on the sole discretion of the Sheriff. The Sheriff reserves the right to approve or deny Electronic Monitoring privileges as he sees fit.

Failure to comply with the following conditions may result in removal from the program and your return to jail. Rule violations may also result in a loss of Huber Law privileges and/or other criminal charges.

1. I agree to reside at the approved residence at all times as authorized by the monitoring staff of the Oneida County Jail.
2. I acknowledge that I must have cellular telephone for this program. If I do not have one, I will provide a land line in my residents. I also agree to keep my telephone in good working order and my telephone and electric bill paid. If my telephone or electricity is disconnected or fails to work for any reason, I will return to the Oneida County Jail.
3. I understand that Oneida County does not have any responsibility to provide food, clothing, dental or other medical care during my participation in this program. I also understand that I must pay all telephone and electricity expenses that may be caused by participation in the Electronic Monitoring Program.
4. I agree to submit my person, property, place of residence, vehicle and/or other belongings to search and seizure at any time, with or without search warrants, to any Law Enforcement Officer or Oneida County Jail staff.
5. I agree to allow the Oneida County Correctional Officer or any Law Enforcement Officer to enter my residence at any time to ensure that I am complying with the rules of the program and inspect the program equipment.
6. I understand that I am responsible for all of the applicable rules as established for the Oneida County Jail as well as specific rules for the Electronic Monitoring Program. I will follow all established home, work, etc. rules. Deviation from my schedule and/or approved travel routes is a violation.
7. I will not enter areas that are defined to be **Off Limits** (i.e. liquor stores, taverns, etc.).

8. I understand that I must receive permission from the monitoring staff before moving to a new address. I also must get staff permission prior to another person moving into my residence.
9. I agree to remain in my residence at all times except for the hours I work, attend counseling, go to Day Report, or any other pre-approved activities. This means not in my yard or on my porch, but in my house. I will not leave my home until the specified time and I will return home by the specific times. When overtime work is required, my supervisor will call and receive authorization for the overtime from the EMP Officer at the Oneida County Sheriff's Department. EMP phone number 715-361-5180

SCHEDULE

1. I understand that I must remain at my approved residence at all times unless I have specific authorization to leave.
2. I agree to maintain employment and any participation in any schooling or counseling programs as approved by the monitoring staff. I will notify the jail staff immediately of any changes.
3. I understand I am restricted to Home Detention and granted the privilege to leave for up to 40 hours per week for work with 1 day in.
4. I understand that I must advise the monitoring staff immediately of any changes in work hours caused by sick time, lay-off, overtime, vacation time, new employment, etc. Non-emergency schedule changes must be requested to the monitoring staff at least 48 hours in advance. Schedule changes not received at least 48 hours prior to the event will not be accepted. I will only be allowed to change my schedule once per week.
5. I will include my travel route to and from work on my schedules and I will not deviate from that route.
6. I agree to report to the Oneida County Jail at such times and in such a manner as directed by the staff.
7. I understand that all movement will be traced and stored as an official record.

EQUIPMENT

1. I accept responsibility for the care of the program equipment issued to me. I understand that 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.
2. I will not tamper with the Electronic Monitoring Program equipment in any way, nor will I remove or attempt to remove the bracelet.
3. I may only disconnect or move the program equipment upon specific instruction from monitoring staff.

4. I understand that I must pay all telephone and electricity expenses that may be caused by participation in the Electronic Monitoring Program.
5. I understand that my participation in this program will be monitored by two tamper proof, non-removable ankle bracelets which I agree to wear 24 hours a day during the entire period of the Electronic Monitoring Program, which will be installed by personnel of the Oneida County Jail.

GENERAL RULES

1. I agree to pay in advance the weekly fee for participation in the Electronic Monitoring Program. I will be charged \$21.00 or \$30.00 per day, which includes sales tax, to offset the cost of the Electronic Monitoring Program. I will report to the Oneida County Jail once a week at scheduled times to make my full payment and submit a work schedule and appointment requests. During that time, I will submit to a urinalysis test. My schedule must be for one week in advance. My fees will be paid in cash or money order. Personal checks will not be accepted.
2. I understand that I must limit all personal telephone calls to fifteen (15) minutes or less.
3. I understand that I cannot possess or use any drugs (legal or illegal) or alcohol that has not been prescribed by a physician. This includes all over-the-counter-non-prescription medication and mouthwashes, which contains alcohol. I also understand that I will be required to submit to scheduled drug and alcohol screenings at my expense.
4. Social contacts at the residence are permitted; however, there will be no disruptions in the neighborhood, and no police intervention will be tolerated.
5. I am not allowed to go swimming or take a bath. You can shower.
6. I agree to comply with all verbal and written instructions from the staff of Oneida County Jail.
7. I agree to comply with all federal, state, and local laws and ordinances. I will report any law enforcement contact to the Electronic Monitoring Program Officer.
8. I understand that I may be removed from the Electronic Monitoring Program and serve out the remainder of my sentence in jail at any time.
9. I agree to submit to alcohol and drug testing to enter the Electronic Monitoring Program and both test results must be negative.
10. I agree that at no time while participating in the Electronic Monitoring Program will I have alcoholic beverages or illegal drugs in my residence or the residence I reside in while I am on the Electronic Monitoring Program.
11. I agree to remove all firearms from my residence or the residence I reside in while I am on the Electronic Monitoring Program.

12. Inmates will be allowed to work out of the county only if convicted in Oneida County court and no transfer is available to the county where the person works. To be considered for out-of-county work, inmates must have had the job before entering jail. No new jobs or job searches will be allowed outside the county. No transfer inmates will be allowed to work out of the county. Request to work out of the county must be submitted in writing to the jail staff.
13. If you have contact with law enforcement you must notify the EMP Coordinator as soon as possible.
14. I understand a violation of any of these conditions of agreement will cause my removal from the program without notice or avenue of appeal.

FIRE or MEDICAL EMERGENCY:

In the event of a fire, medical emergency, natural disaster, power loss the primary concern is the health and well-being of the offender. Therefore it is expected that the emergency will be dealt with first. Once the emergency has been dealt with, the offender should advise the Oneida County EMP Officer or Corrections Sergeant if the EMP Coordinator is not available. The Offender must report to jail if the equipment does not function properly at approved residence/location. When another location is approved by the EMP Coordinator the Offender should be allowed to go back out and finish the remainder of the sentence on EMP depending on the situation. While finding a approved location, the offender will be able to exercise their Huber privileges, as long as they are employed.

WEATHER:

If local law enforcement, radio, television or the Emergency Broadcast System is advising that you take immediate shelter due to an impending severe storm or tornado, the primary concern is your health and well-being. Take shelter. If this disrupts your monitoring or testing in any way, contact EMP staff as soon as it is safe to do so.

IGNITION INTERLOCK DEVICE (IID)

Under Wisconsin Act 100 2009, all inmates sentenced to the Oneida County Jail for an OWI Offense that has a court ordered Ignition Interlock Device (IID), must provide proof of installation of IID within 2 weeks of court order. Failure to provide such evidence will result in revocation of Huber and/or Electronic Monitoring (EM) working privileges. If you are court ordered to have an IID in place and you are found to be in operation of a vehicle without such device this will also be grounds for immediate revocation of Huber or EM. This will pertain even though you may not be driving a vehicle while serving your jail sentence.

EMP INMATE RULES AND REGULATIONS

SIGNATURE FORM

DATE: _____

INMATE NAME: _____

EMPLOYER: _____

EMPLOYER TELEPHONE NUMBER: _____

BUSINESS STREET ADDRESS: _____

Inmates are required to take the shortest route to and from their place of employment. Describe the route you will be taking to and from work. (Be specific)

I have read and fully understand the EMP Release Rules and Regulations. I understand that if I fail to follow the procedures of the Oneida County Jail, I may lose my EMP privileges and my Huber privileges, or be held in from work for committing violations.

Inmate Signature: _____

EMP Case Manager: _____

ONEIDA COUNTY SHERIFF'S OFFICE

Electronic Monitoring Application

PERSONAL INFORMATION

Name:		Date of Birth:	Date:
Residence Address:		City:	State: Zip Code:
Approved Address (If different than residence address)		City:	State: Zip Code:
Home Phone:	Cell Phone:	Years lived at residence:	
Names of persons who will be living at your residence: (Include FULL names and dates of birth)			

1.	Last Name	First Name	Middle Initial	Date of Birth	Age	Relationship
2.	Last Name	First Name	Middle Initial	Date of Birth	Age	Relationship
3.	Last Name	First Name	Middle Initial	Date of Birth	Age	Relationship
4.	Last Name	First Name	Middle Initial	Date of Birth	Age	Relationship
5.	Last Name	First Name	Middle Initial	Date of Birth	Age	Relationship

EMPLOYMENT INFORMATION

Employer:					Phone:	
Address:			City:	State:	Zip:	Immediate Supervisor
Work Hours	Leave for Work	Return from Work	Length of Employment	Job Location Vary? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor on site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work out of County? <input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation Arrangements: (Include names, mode of transportation)						
1. _____		2. _____		3. _____		

SCHOOL INFORMATION

School:			Phone:	
Address:				
Class Schedule:				
Transportation Arrangements: (Include names, mode of transportation)				
1. _____		2. _____		3. _____

COUNSELING/TREATMENT INFORMATION

Have you ever had mental health or drug or alcohol abuse counseling?

☐ Yes

☐ No

If YES, please explain:

Are you in treatment or attend classes now?

☐ Yes

☐ No

If YES, where and with who?

Do you take prescribed medications: (If so, please list):

List any disabilities, medical problems/conditions which may pose a problem for the program you are applying for:

PREVIOUS PROGRAM PARTICIPATION

What is the charge(s) you are currently serving and describe:

Who was the arresting agency:

Probation Officer Name/Phone:

Have you applied/participated in any electronic monitoring program before:

☐ YES

☐ NO

Any out of State arrests:

Any pending charges, anywhere:

What type of arrests are on your record:

What is your current driving status: (Circle One)

ID only

Valid

Suspended

Revoked

Occupational

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I hereby certify that the statements herein are true and realize any falsification may result in denial of my application and that I have read and understand the rules of the electronic monitoring program. I also authorize the Sheriff's Department to make whatever contact and investigation deemed necessary to confirm the above information, including contacting my employer or school. In addition, I authorize release to the Sheriff's Department all confidential records and information concerning myself, which would have a bearing on my eligibility for the Program. This authorization will terminate upon my final release date or program denial. Consent subject to revocation at any time and will expire automatically upon release.

By filling out this form and/or signing it, you understand that upon starting your sentence or anytime thereafter, you may be required to submit to a urine and/or breath sample to determine if there is any illegal controlled substance or alcohol in your system. **You are required to be drug/alcohol free at ALL times.** If either of these samples test positive, your EMP privileges will be revoked and your Huber privileges may be revoked or suspended pending action by the court.

Inmate Signature:

Date:

EMP Coordinator Signature:

Date:

NOTES