



# **ELECTRONIC MONITORING PROGRAM**

## **ONEIDA COUNTY JAIL**

2000 E. Winnebago Street

Rhineland, WI 54501

Phone: 715-361-5180

Email: [corrections@oneidacountywi.gov](mailto:corrections@oneidacountywi.gov)

## **Huber Office**

Phone: 715-361-5146

Revised 11/2023

## **ELECTRONIC MONITORING PROGRAM**

### **New Client Enrollment Requirements**

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

#### **ENROLLMENT SCHEDULING**

The Oneida County Sheriff's Office will inform inmate of their enrollment date and time. All inmates will be required to complete an application and an assessment.

#### **FEE PAYMENTS**

- All monitoring fees will be paid directly to the Oneida County Sheriff's Office
- An initial payment of \$168.00 (\$21.00 hook-up fee included) is due at the time of enrollment
- Weekly payments of \$147.00 (\$21.00 daily) will be required until completion of the EMP Program
- Fees may be paid in the form of cash, money order, or cashier's check
- A urinalysis will be required every week with a payment of \$15.00 at the time of the test

#### **Out of County Transfer Fees**

- An initial payment of \$231.00 (\$21.00 hook-up fee included) is due at the time of enrollment
- Weekly payments of \$210.00 (\$30.00 daily) will be required until completion of the EMP Program
- A urinalysis will be required every week with a payment of \$15.00 at the time of the test

#### **WORK SCHEDULE**

- Inmate should be prepared to give the corrections officer that enrolls them their complete work schedule
- Inmate will be required to turn in timecards to the Oneida County Jail on a weekly basis

*Thank you,  
The Oneida County Sheriff's Office  
And  
Oneida County Jail*

**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 Sheriff's Office Jail Division Electronic Monitoring Program (EMP). These rules should be used as an example and are not all encompassing. Each application will be considered on its own merit, and will ultimately be decided based on the sole discretion of the Oneida County Sheriff. The Sheriff reserves the right to approve or deny EMP privileges as he sees fit.

Failure to comply with the following conditions may result in removal from the program and your return to the Oneida County 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 a cellular telephone for this program. If I do not have one, I will provide a land line in my residence. I 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 participating in the EMP.
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 member.
5. I agree to allow any Oneida County Jail corrections 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 applicable rules as established for the Oneida County Jail, as well as specific rules for the EMP. 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** (ie: liquor stores, taverns, etc.)
8. I understand that I must receive permission from the EMP officer before moving to a new address. I also must get EMP officer permission prior to another person moving into my residence.
9. I agree to remain in my residence at all times, except for the hours that I work, attend counseling, go to Day Report, or any other pre-approved activities. This means I will not be 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 specified time. When overtime work is required, my supervisor will call and receive authorization for the overtime from the EMP officer at the Oneida County Jail. The EMP officer can be reached at telephone number is 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 participation in any schooling or counseling programs as approved by the EMP officer. I will notify Oneida County Jail staff immediately of any changes.
3. I understand that I am restricted to home detention and granted the privilege to leave for up to 60 hours per week for work, with one (1) day off of work..
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 EMP officer 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 schedule, 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 Oneida County Jail 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 EMP equipment in any way, nor will I remove or attempt to remove the bracelet.
3. I may only disconnect or remove the program equipment upon specific instruction from EMP officer.
4. I understand that I must pay all telephone and electricity expenses that may be caused by participation in the EMP.
5. I understand that my participation in the EMP will be monitored by one tamper proof, non-removable ankle bracelets, which I agree to wear 24 hours per day during the entire period of the EMP. The ankle bracelets 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 EMP. I will be charged \$21.00 or \$30.00 per day, which includes sales tax, to offset the cost of the EMP. I will report to the Oneida County Jail once a week at scheduled times to make my full payment, and to submit a work schedule and appointment requests. During that time, I will submit to a urinalysis. My schedule must be for one week in advance. My fees will be paid in cash, cashier's check, 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 contain 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. I can shower.
6. I agree to comply with all verbal or written instructions from the staff of the 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 EMP officer.
8. I understand that I may be removed from the EMP 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 EMP and both test results must be negative.
10. I agree that at no time while participating in the EMP will I consume alcoholic beverages or use illegal drugs in my residence or the residence that I reside in while I am on the EMP.
11. I agree to remove all firearms from my residence or the residence that I reside in while I am on the EMP.
12. I 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 I work. To be considered for out-of-county work, I must have had the job before entering the Oneida County Jail. No new jobs or job searches will be allowed outside the county. No transfer inmate will be allowed to work out of the county. Requests to work out of the county must be submitted in writing to Oneida County Jail staff.
13. If I have contact with law enforcement, I must notify the EMP officer as soon as possible.
14. I understand that violation of any of these Conditions of Agreement will cause my removal from the EMP without notice or avenue of appeal.

### **FIRE OR MEDICAL EMERGENCY**

In the event of a fire, medical emergency, natural disaster, or 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 officer is not available.

The offender must report to the Oneida County Jail if the equipment does not function properly at the approved residence/location. When another location is approved by the EMP officer, the offender should be allowed to go back out and finish the remainder of the sentence on EMP, depending on the situation. While finding an 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 people should take immediate shelter due to an impending severe storm or tornado, the primary concern is the offender's health and well-being. Take shelter. If this disrupts the monitoring or testing in any way, contact the EMP officer 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 an IID within 2 weeks of the court order. Failure to provide such evidence will result in revocation of Huber and/or EMP working privileges. If you are court ordered to have an IID in place and are found to be in operation of a vehicle without such a device, this will be grounds for immediate revocation of Huber privileges or EMP. 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)

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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 for committing violations.

Inmate Signature \_\_\_\_\_

EMP Officer Signature \_\_\_\_\_

# ONEIDA COUNTY SHERIFF'S OFFICE

## ELECTRONIC MONITORING PROGRAM APPLICATION

PERSONAL INFORMATION											
Name					Date of Birth		Date				
Residence Address				City			State		Zip		
Approved Address (if different than residence address)				City			State		Zip		
Home Phone			Cell Phone				Years Lived at Residence				
Name(s) of person(s) 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	Does Job Location Vary?		Supervisor on Site?		Work out of County?		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Transportation Arrangements (include name(s), mode of transportation)											
1 _____											
Name					Mode of Transportation						
2 _____											
Name					Mode of Transportation						
3 _____											
Name					Mode of Transportation						
SCHOOL INFORMATION											



School		Phone	
Address	City	State	Zip
Class Schedule			
Transportation Arrangements (include name(s), mode of transportation)			
1 _____		_____	
Name		Mode of Transportation	
2 _____		_____	
Name		Mode of Transportation	
3 _____		_____	
Name		Mode of Transportation	
<b>COUNSELING/TREATMENT INFORMATION</b>			
Have you ever had mental health or drug or alcohol abuse counseling?		If YES, please explain	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you in treatment or attend classes now?		If YES, where and with who?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
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:			
<b>PREVIOUS PROGRAM PARTICIPATION</b>			
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?		Any out of State arrests?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Any pending charges, anywhere?	
If so, what program:		What type of arrests are on your record?	
		What is your current drive 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. I have read and understand the rules of the Electronic Monitoring Program (EMP). I authorize the Oneida County Sheriff's Office and Oneida County Jail 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 Oneida County Sheriff's Office and Oneida County Jail all confidential records and information concerning myself, which could have a bearing on my eligibility for the EMP. This authorization will terminate upon my final release date or program denial. Consent is subject to revocation at any time and will expire automatically upon release.

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

Inmate Signature

Date

EMP Officer Signature

Date

**NOTES**