



Jackson County Sheriff's Office

30 N. 3rd Street - Black River Falls, WI 54615 - (715) 284-9009 - Fax: (715) 284-0252

SHERIFF DUANE M. WALDERA

CHIEF DEPUTY NICHOLAS J. GRAY

E-MAIL: sheriff@Jacksoncountywi.gov

Jackson County Sheriff's Office

Jail Electronic Monitoring Application: **MUST BE COMPLETED IN FULL**

Jail Phone: 715-284-5357

Jail Fax: 715-284-8184

Jail Supervisor Email: Jailsupervisors@Jacksoncountywi.gov

EMP PHONE: 715-896-1201

APPLICATION FOR ELECTRONIC MONITORING

CASE NUMBER: _____ **Sentencing County:** _____

Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____

Years at current residence _____ **Rent or Own (circle)**

Name & Phone of Homeowner/landlord: _____

Your Home Phone: _____ **Your Cell Phone:** _____

Gender: _____ **Race:** _____ **Height:** _____

Eye Color: _____ **Hair Color:** _____ **Marital Status:** _____

Scars/Tattoos/Identifying Marks: _____

Person(s) living with you over 18 yrs: _____ DOB: _____

Relationship to you: _____

Person(s) living with you under 18 yrs: _____ DOB: _____

Relationship to you: _____

Is anyone living in residence on probation/parole? _____

List Name: _____

Does anyone in the home currently have open pending criminal matters: _____

List Their Name and Case/County: _____

Any Pets in the home (type): _____

Any Weapons in the home: _____

List all current prescription medications (include dosage & prescribing physician):

Do you have any regular scheduled appointments besides work, treatment, or court ordered: _____

EMPLOYMENT:

Are you self-employed? _____

Please provide Federal Tax ID for last two years: _____

Employer: _____ Position: _____

Address of Job: _____ City: _____

Does your employer know you will be on EMP? Yes / No

Length of time Employed: _____

Name of Direct Supervisor: _____

Supervisor Phone Number: _____

Next Date of Pay: _____

Work Rotation/Shift: _____ (Provide complete schedule)

Do you have a valid D.L. _____ Do you have an occupational: _____

Other Transportation: _____

License Plate of Vehicle: _____

CRIMINAL BACKGROUND INFORMATION

Do you have any other open cases any where _____

If yes, list county/state & charges _____

Are you currently on probation/parole: _____

Agent Name: _____ Agent Contact: _____

Do you have any judgments against you _____

Are you a registered sex offender: _____

Have you been convicted of a crime in any other state: _____

List all prior convictions/ dates/ counties:

Have you ever been an escape or walk away from a correctional /confinement setting:

Explain why you feel you should be eligible for the Electronic Monitoring Program (attach additional pages if needed):

I agree that above information is correct and true. Any information I provide that misleads the EMP Officers could result in me being disqualified from the program. I also understand that completion of this application does not guarantee acceptance into the program. I understand that this application must be submitted in advance to sentence start date to be considered.

Applicant Signature

Date

Emergency Contact

Name: _____ Relationship: _____

Phone Number: _____

- **Note: Please read, initial, sign and date the EMP AGREEMENT OF UNDERSTANDING FORM**
- **You must return full completed application and agreement of understanding**
- **You must provide a copy of all work schedules or self-employed FID**
- **You must provide a copy of your Judgement of Conviction and Criminal Complaint with application. (obtain from clerk of courts office)**

For Office Use Only

Judgment of Conviction attached

Criminal Complaint attached

Work Schedule attached

Copy of ID/DL attached

Other: _____



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Jackson County Jail Electronic Monitoring Program (EMP) Agreement for Understanding

1. While on EMP, your residence becomes an extension of the jail and is subject to search at all times. EMP is a privilege and not a right. While on EMP, you are still in custody of Jackson County Jail.

1a. Initial here_____

2. You may leave your residence for the following reasons while on EMP: for work (there are no limits on the hours that you can work in a given pay period), medical appointments, school, legal appointments, all court-ordered programs, church, and once a week to the store for food and other items. All other reasons must be preapproved through the EMP Supervisor/Agent.

2a. Initial here_____

3. You must pay all EMP-associated fees on time according to your arranged payment schedule. You are not allowed to get behind on payments for EMP. Depending on the length of your sentence, the jail reserves the right to require payment upfront in full. If you violate the terms of this agreement, all monies paid shall be forfeited to the EMP program. You will not receive a refund. Your monies will be applied to jail fees for serving the sentence in the jail.

3a. Initial here_____

4. In-County JOC – \$25.00/day for the first two weeks, plus a \$100.00 setup fee, and a \$35.00 booking fee = \$485.00 due the day you report to jail. After that you will pay at least \$350.00 every two weeks. You may pay more but the minimum will be \$350.00 unless other arrangements have been made with the EMP Supervisor/Agent. Failure to keep up payments will result in removal from EMP and return to jail. Minimum 5-day fee: \$125 + \$100 + \$35 = \$260.00 paid upfront.

4a. Initial here_____

5. Adjacent County JOC – \$30.00/day for the first two weeks, plus a \$100.00 setup fee, and a \$35.00 booking fee = \$555.00 due the day you report to jail. After that you will pay at least \$420.00 every two weeks. You may pay more but the minimum will be \$420.00 unless other arrangements have been made with the EMP Supervisor/Agent. Minimum 5-day fee: \$150 + \$100 + \$35 = \$285.00 paid upfront.

5a. Initial here _____

6. Outside Adjacent County JOC – \$35.00/day for the first two weeks, plus a \$100.00 setup fee, and a \$35.00 booking fee = \$625.00 due the day you report to jail. After that you will pay at least \$490.00 every two weeks. You may pay more but the minimum will be \$490.00 unless other arrangements have been made with the EMP Supervisor/Agent. Minimum 5-day fee: \$175 + \$100 + \$35 = \$310.00 paid upfront.

6a. Initial here _____

7. You must perform all voice/breath tests, urine, and oral tests when called to do so. Failure to comply may result in termination from the program and return to jail. A positive test may result in the same.

7a. Initial here _____

8. You are prohibited from consuming alcohol or drugs. You must pass a UA or oral screen prior to acceptance into the program, at your expense. Random UAs and oral tests may be conducted at any point at the discretion of the EMP Supervisor/Agent, also at your expense. If you test positive, you may be terminated. If you are on a prescription that could cause a positive result, the EMP Supervisor/Agent must be notified and provided documentation from your prescribing physician.

8a. Initial here _____

9. You may be checked at any time, day or night, at the discretion of the EMP Supervisor/Agent or Jail Administrator. Refusal to admit Sheriff's Office personnel will result in immediate termination.

9a. Initial here _____

10. You must report to a meeting with the EMP Supervisor/Agent when and where directed, in a timely manner. You must return any calls from the jail within an 8-hour window. Failure to comply can result in termination from the program.

10a. Initial here _____

11. While on EMP you are still an inmate of the Jackson County Jail. Violations of any provisions may result in termination and return to jail. You may not be eligible for other jail programs. You may serve the balance of your sentence as straight time without credit for time served on EMP and with no refund of monies paid.

11a. Initial here _____

12. You are responsible for all assigned equipment. Failure to return any item, including the box it was delivered in, or damage to any equipment, will result in payment for replacement at the current cost as prescribed by the vendor.

12a. Initial here _____

13. Violations may result in loss of good time for 2 days for minor violations and up to full loss of good time for severe or multiple violations.

13a. Initial here _____

Participant Signature _____ DATE: _____

EMP Supervisor/Agent _____ DATE: _____

JAIL USE ONLY

Approved

Denied

Jail Administrator/ Designee _____ DATE: _____

Start Date: _____ **SRD:** _____

Rate (circle one)

IN-COUNTY / ADJACENT-COUNTY / OUTSIDE-ADJACENT-COUNTY

Adjacent/Outside Agency Calculation Release Date: _____

Was the Subject Booked: _____ UNIT S/N: _____

Fee Schedule Completed (circle) YES / NO

Amount Paid Up Front: _____

IS FULL PAYMENT UP-FRONT REQUIRED (circle) YES / NO

CC: Jail Booking File/ Captain File/ Subject