

Washburn County Sheriff's Office - Jail

421 Highway 63, P.O. Box 429, Shell Lake, Wisconsin 54871

Phone: (715) 468-4720

Fax: (715) 468-4729

Dennis Stuart
Sheriff

Steve Pank
Chief Deputy

Capt. Gretchen Nielsen
Jail Administrator

Electronic Monitoring Program Rules

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, loss of good time and/or criminal charges.

General Rules:

1. I will reside at the approved residence within Washburn County at all times as authorized by the monitoring staff of the Washburn County Jail.
2. I understand that I need to have uninterrupted electric and phone service at my own expense. This includes a cell phone with talk, text and data capabilities.
3. I understand that Washburn County does not have responsibility to provide food, clothing, dental and/or other medical care during my participation in this program.
4. I agree to submit my person, property, place of residence, vehicle and/or belongings to search and seizure at any time, with or without search warrant, to any Law Enforcement Officer or Washburn County Jail Deputy.
5. I agree to allow the Washburn County Jail staff or any Law Enforcement Officer to enter my residence at any time to ensure that I am complying with the rules of the program.
6. I understand that I am responsible for following all rules as established for the Washburn County Jail as well as specific rules for the Huber and Electronic Monitoring Program. I will follow all established rules. Un-approved deviation from my schedule and/or travel routes is a violation.
7. I will not enter areas that are defined to be off limit (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 or attend any other pre-approved activities. I will not leave my home until the specified time and I will return home by the specific time. When overtime work is required, I will call and receive authorization for the overtime from the Washburn County Jail staff. The contact number is 715-468-4720.

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10. I agree to pay in advance the fees for participation in the Electronic Monitoring Program. Initial fees include \$10 Processing fee and \$15 Strap fee. I will be charged \$20.00 per day, to offset the cost of the Electronic Monitoring Program.
11. I understand Billing dates will be the 1st and 16th of every month, billing only for the days on monitor.
12. I will report to the Washburn County Jail at scheduled times to make my full payment. My fees will be paid in cash.
13. I will report to the Washburn County Jail as requested by jail staff. Failure to do so may result in escape charges.
14. I understand that I cannot possess or consume any drugs or alcohol that has not been prescribed by a physician. I also understand that I will be required to submit to scheduled and random drug and alcohol screenings at my expense. \$10 per each UA.
15. Social contacts at the residence are permitted; however, there will be no disruptions in the neighborhood, and no police intervention will be tolerated.
16. I agree to comply with all verbal and written instructions from the staff of Washburn County Jail.
17. I agree to comply with all federal, state, and local laws and ordinances. If I have contact with law enforcement I must notify the Law Enforcement Officer that I am on Electronic Monitoring through the Washburn County Jail. I will also inform the Washburn County Jail immediately following the contact.
18. I agree to submit to random and scheduled alcohol and drug testing at my expense. I must have a clean drug test prior to approval for Electronic Monitoring.
19. At no time while participating in the Electronic Monitoring Program will I have alcoholic beverages or illegal drugs in my presence or residence.
20. At no time while participating in the Electronic Monitoring Program will I have firearms in my presence or residence.
21. 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.

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22. I understand a violation of any Jail, Huber or Electronic Monitor Program rule may cause my removal from the program without notice or avenue of appeal.
23. I understand I must be a Huber eligible and serve a minimum of 2 days in jail prior to being placed on electronic monitoring. Unless specified by Sheriff or their designee.

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 schooling and/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 in home detention and I agree to remain in my residence at all times except for the pre-approved hours I work or attend any other pre-approved activities.
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 in advance and will be approved as time permits.
5. I will not deviate from pre-approved travel routes.
6. I agree to report to the Washburn County Jail as directed by jail staff. If you cannot come in when asked it will be the Jail's discretion to bring you back to jail for failure to comply.
7. I understand that all movement will be tracked and stored as an official record.
8. Inmates will be allowed to work in counties adjacent to Washburn County. To be considered for out-of-county work, inmates must have had the job before entering jail. 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.

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Equipment:

1. I accept responsibility for the care of the issued program equipment. I understand that I will be held financially responsible for any damage or loss of equipment. Damage to equipment may be grounds for criminal charges.
 2. I will not tamper with the equipment in any way or will I remove or attempt to remove the bracelet.
 3. I must always answer my phone when called by jail staff. If I miss a call I will immediately call back at 715-468-4720.
 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 am not allowed to go swimming or take a bath as it may damage equipment. I can shower.
 6. I understand that my participation in this program will be monitored by tamper proof, non-removable ankle bracelets which I agree to wear 24 hours a day during the entire period of the Electronic Monitoring Program. The devices will be installed by personnel of the Washburn County Jail.
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Electronic Monitoring Program Rules Acknowledgment

I, _____, have read or had read to me the Washburn County Sheriff's Office Electronic Monitoring Rules and understand them. I understand that as an electronically monitored inmate I am bound by these rules in addition to all other jail rules and state and local laws. I understand that if I violate any rule or break any law I am subject to consequences resulting in possible loss of good time, Huber revocation, jail discipline and/or new criminal charges.

Inmate Signature: _____ Date: _____

Officer Signature: _____ Date: _____

Copy to Inmate and original in Inmate's Huber file