

ST. CROIX COUNTY SHERIFF'S OFFICE

1101 Carmichael Road, Hudson, WI 54016

715-381-4320 Fax: 715-386-4606

www.sccwi.gov



Scott L. Knudson

Sheriff

Brent Standaert

Chief Deputy

Field Services

Investigations, Patrol, Court Services

715-381-4320 Fax: 715-386-4606

Corrections

Jail, Huber

715-386-4752 Fax: 715-381-4402

Support Services

Emergency Communications

Emergency Management, Records

715-386-4751 Fax: 715-386-4389

HUBER/FURLOUGH – CONSENT TO STRIP SEARCH

To be eligible for Huber privileges or furloughs, inmates must consent to being strip searched to prevent any introduction of contraband and/or weapons into the St. Croix County Jail. I consent to strip searches, which may include - body cavity searches (digital/instrument intrusion search), each time I return. Strip searches are conducted pursuant to St. Croix County Jail Policy and Procedure #207 – Searches and Wisconsin State Statute § 968.255.

Huber Inmates may refuse to consent to strip searches at any time. However, action will be taken to have my Huber privileges revoked. Inmates requesting furlough must consent to a strip search or the furlough will be denied.

HUBER INMATE: I _____, hereby give my consent to be strip searched in accordance with the St. Croix County Huber Program. I understand as a part of the St. Croix County Huber Program, I will be strip searched each time I return to the St. Croix County Jail to ensure security, order, and control. I further understand the strip search may include a body cavity search (digital/instrument intrusion search) upon Jail Administration approval.

FURLOUGH INMATE: I _____, hereby give my consent to be strip searched, upon my return to the St. Croix County Jail, from my approved furlough. I understand I will be strip searched when I return to the St. Croix County Jail, to ensure security, order, and control. I further understand the strip search may include a body cavity search (digital/instrument intrusion search) upon Jail Administration approval.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

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