

# ST. CROIX COUNTY SHERIFF'S OFFICE

1101 Carmichael Road, Hudson, WI 54016

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

[www.sccwi.gov](http://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

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## **St. Croix County Jail** **Rules for Home Detention/Electronic Monitoring**

I \_\_\_\_\_, am an inmate of the St. Croix County Jail, and will be placed on Electronic Home Monitoring. I understand I must by court or Sheriff order, obey the following:

1. \_\_\_\_\_ By accepting Huber work release privileges, I understand I will be required to submit to one or more of the following: Blood, Breath, Oral Fluid, or Urine testing upon reporting for my sentence.
  - a. If I report to serve a sentence with ANY measurable amount of alcohol, illegal substances, or prescription medications without a valid perscription in my system, I will not be allowed to participate in the Huber program until I test negative at the cost of \$5.00 per test.
  - b. Refusal or failure to submit to any of the above, will result in the same disciplinary action as a positive test reading.
  - c. If I am serving a sentence for another county, I will be returned to that county.
2. I will be restricted to \_\_\_\_\_, county of \_\_\_\_\_, State of \_\_\_\_\_. (Address/City)
  - a. Phone: \_\_\_\_\_
3. \_\_\_\_\_ I understand that I am on Home Detention/Electronic Monitoring from the St. Croix County Jail, and I am under the supervision of St. Croix County Sheriff's Office.
4. \_\_\_\_\_ I understand that I shall be on Home Detention/Electronic Monitoring until otherwise directed by the Sheriff or his designee, and must return to the jail upon request.
  - a. I understand that if I fail to return to the St. Croix County Jail when ordered, I will be considered an escapee under Wis. Stat. 946.42.3(a).
5. \_\_\_\_\_ I will immediately notify the St. Croix County Jail if I am arrested or become involved in any situation that could have a bearing on my status.

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Joseph Kormanik, Corrections Lieutenant  
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Scott Rhode, Corrections Lieutenant  
[Scott.Rhode@sccwi.gov](mailto:Scott.Rhode@sccwi.gov)  
715-381-4322

6. \_\_\_\_\_ I must report all police contact. Failure to do so will result in disciplinary actions.
  
7. \_\_\_\_\_ I understand that I must obey all rules and regulations of Home Detention/Electronic Monitoring and that if I violate any rules or regulations on Home Detention/Electronic Monitoring St. Croix County Sheriff's Office may take me into custody.
  
8. \_\_\_\_\_ I understand I may not have any firearms, alcoholic beverages, or illegal substances on/in any property or on my person while on Home Detention/Electronic Monitoring.
  
9. \_\_\_\_\_ I understand Home and EHM requires **absolute sobriety** and that the possession or use of alcohol, illegal drugs, and/or prescription medication without a valid prescription is prohibited. I will be subject to urine tests and/or breath tests if asked to do so by the St. Croix County Sheriff or his designees. Any positive tests or refusal to submit to such tests will result in being taken into custody and returned to the St. Croix County Jail and may result in revocation of Home/EHM privileges, loss of good time, and/or imposed jail sanction.
  
10. \_\_\_\_\_ I understand the Sheriff, or his designee will control all monies earned in accordance with ss. 303.09. I understand I must prepay all associated fees of \$20 per day plus set up fee to Sun Monitoring. I also understand that I am required to pay at least two weeks in advance in the form of cash or money order.
  
11. \_\_\_\_\_ St Croix County has a \$25.00 serving fee for each sentence. I must pay this to serve. If I am serving a sentence for a county other than St Croix County, I will be charged a one time out of county transfer fee of \$100.00.
  
12. \_\_\_\_\_ When I check in to serve my sentence, I must bring a minimum of \$405.00 (\$480.00 for Out of County Transfer). This can be in the form of cash or a money order. This covers my first 2 weeks of EHM with Sun Monitoring and serving fee.
  
13. \_\_\_\_\_ I understand that I will be placed on an electronic monitoring GPS device, and agree to pay the daily cost of \$20 per day. I agree to charge the GPS device for 1 hour consecutive per day.
  
14. \_\_\_\_\_ I understand I may be placed on a remote breath unit to randomly test for intoxicants. I further understand I may be required to test up to 6 times per day randomly as set by the automated system.
  
15. \_\_\_\_\_ I understand that I am responsible for all dental, medical and or hospital bills that I incur while on Home Detention/Electronic Monitoring.
  
16. \_\_\_\_\_ I understand that I must remain in my residence, except to work, for approved appointment or to attend any Court ordered activities.

17. \_\_\_\_\_ I understand that I am only permitted to work six (6) days in a row, and not to be away from the detention site for more than twelve (12) hours per day.
  
18. \_\_\_\_\_ I understand my work schedule must be arranged and approved with the Huber Officer(s) and Sun Monitoring. Changes to the schedule must be done a minimum of 48 hours in advance. I am restricted to one employer. If an emergency situation arises, I am required to notify the Huber Officer(s) immediately and then Sun Monitoring. If unavailable leave a message with staff on duty at the Jail. This message should include full name, phone number where you can be reached, and a description of the emergency. **THE ONLY EMERGENCY SITUATION TO BE CONSIDERED WILL BE OF A MEDICAL NATURE FOR YOURSELF OR AN IMMEDIATE FAMILY MEMBER.** Being called into work is not considered an emergency.
  
19. \_\_\_\_\_ During the Holidays I understand that the only individuals permitted to be at my residence are those that reside in my home. Family gatherings for holidays and other events are not permitted.
  
20. \_\_\_\_\_ I understand that I am not permitted to make any unscheduled or unauthorized stops.
  
21. \_\_\_\_\_ I am not permitted to fraternize with family members, significant others, or friends at my place of employment, treatment, or approved appointments.
  
22. \_\_\_\_\_ I understand that I shall be required to submit to **VIEWED** urine samples, with a same sex Deputy, at the Jail, depending on work schedule(s). Up to 6 random tests per week.
  
23. \_\_\_\_\_ I understand that **I must have a working mobile and/or landline phone**. Not hearing the telephone ring, the ringer being turned off, the telephone off the hook, or family member interference with devices are not valid excuses for lack of contact. Not answering or returning calls from the St. Croix County Sheriff's Office and/or Sun Monitoring, in a timely manner may result in disciplinary actions.
  
24. \_\_\_\_\_ I understand all adult members in my household must agree to my participation, agree to the conditions placed on them, and sign the Family/Roommate Agreement form attesting to this.
  
25. \_\_\_\_\_ I understand that there will be **no unauthorized visitors** allowed in my household during my participation of this Home Monitoring program. All visits and visitors must be arranged in advance with the Huber Deputy.
  
26. \_\_\_\_\_ I understand that I must take the most direct route to and from my permitted destinations with no unauthorized stops.
  
27. \_\_\_\_\_ I understand tampering with the Home Detention/Electronic Monitoring equipment is a violation, and I will be criminally and civilly liable for all damages to or loss of equipment.

28. \_\_\_\_\_ I understand that if I am revoked from the Home Detention/Electronic Monitoring program, I may lose my good time, if any.
29. \_\_\_\_\_ Participation in the Home Detention/Electronic Monitoring program may require a search of my residence and its contents for compliance with program rules. I consent to searches of my residence and its contents on the terms set forth below. I understand that as a result of any search, I may be denied entry into the program, terminated from the program or subject to criminal charges. Refusal to permit a search will result in immediate termination from the program. Such searches shall be conducted:
- a. before my participation in the program is approved.
  - b. at any time during the course of my participation in the program if the St. Croix County Sheriff's Office has reasonable grounds to believe that I possess contraband or evidence of a rule violation on my property or within my residence.
  - c. by the St. Croix County Sheriff's Office and may include the use of a drug detection K-9.
30. \_\_\_\_\_ If I or a member my household becomes ill, I am to immediately notify the Huber Deputy and seek medical attention (if necessary).
31. \_\_\_\_\_ If I am serving for another county, the St Croix County Jail reserves the right to send me back to my sentencing county for any rule violation or disciplinary issue(s). I understand due to the housing needs of the St Croix County Jail, I may be returned to my original county.
32. \_\_\_\_\_ I further understand that if I fail to maintain contact with the Huber Deputy(s) or Sheriff Designee or fail to comply with any of the rules set forth I might be subjected to disciplinary actions to include but not limited to: being removed from the program, required to sit a sanction in the Jail for each violation, criminal charges, ect...
33. \_\_\_\_\_ I understand if I am ordered by Jail Staff to report to the Jail, I must do so immediately. I understand failure to report to the Jail as ordered constitutes an escape as defined in Wisconsin State Statute 946.42(3)(A), a class H Felony.
34. \_\_\_\_\_ I have received a copy of the rules and regulations above. I have read or have read to me this agreement of the rules and regulations for Home Detention/Electronic Monitoring and I fully understand my obligations.

By signing this form, I acknowledge I have read the rules and regulations for EHM release or they have been read to me and I fully understand my obligations.

Name (Printed): \_\_\_\_\_

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

Date \_\_\_\_\_ Deputy's Signature \_\_\_\_\_

Copy of agreement provided to Inmate on \_\_\_\_\_