

**SAUK CO SHERIFF'S DEPARTMENT
ELECTRONIC MONITORING (EM) PROGRAM
RULES/REGULATIONS**

I agree that the County of Sauk, the Sauk County Sheriff's Department and its agents, are not liable for any damages incurred as a result of my participation in the EM Program.

I understand and do agree to abide by all of the conditions of this informed consent.

Participant's Signature _____ Date Signed _____

Program Deputy _____ Date Signed _____

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21. You may only disconnect or move the EM Program equipment upon specific instruction from the Jail Diversion Deputy. _____ **Initials**
22. You will place the Minature Tracking Device (MTD) in the powered-up charging stand for a minimum of (10) ten hours per day and at all times while at home. _____ **Initials**
23. You understand the MTD and the charging stand should be placed near a window at all times. _____ **Initials**
24. You will place the MTD in its charger **immediately** upon returning home. You will not remove the MTD from the charger until you are authorized to leave the house for work or for an approved appointment(s). _____ **Initials**
25. You will place the MTD in an area that is not obstructed with the display facing up at all times. (The MTD cannot be covered in metal containers, lockers, trunks, etc...or hidden under clothing, car seats, purses, briefcases, tote bags, etc.) Any carrying case must be pre-approved by the Jail Diversion Deputy. _____ **Initials**
26. You understand that all movement will be tracked and stored as an official record. _____ **Initials**
27. You will not enter areas that are defined as off-limits. _____ **Initials**
28. You are not allowed to submerge the bracelet into water. You are allowed to take a shower with the bracelet.
29. You will immediately place the MTD into the charger when you are given a low battery signal. _____ **Initials**
30. You will be charged \$1.00 for each Violation Fax received and \$1.75 for each Bracelet Gone Violation. _____ **Initials**
31. Other specific rules may be imposed at any time. _____ **Initials**

You shall report to the Jail Diversion Deputy every Wednesday @ _____.

It has been explained to you that any violation while participating in the Sauk County Electronic Monitoring Program may result *in the immediate removal from the EM Program, loss of Huber/work release privileges and return to the Sauk County Jail or Huber Center. Furthermore it has been explained and your signature below acknowledges that you understand that the removal from the EM Program will be without notice or avenue of appeal.*

It has been explained to me and I understand that any violation while participating in the EM Program *may also result in further sanctions* including, after participating in a due process administrative review/hearing, the loss of Good Time and/or assignment to disciplinary segregation without privileges.

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12. You may not possess or have any form of contraband at your residence (the Jail Diversion Deputy will provide a list of items considered to be contraband). _____ **Initials**

13. You will not enter the premises of any bar or tavern. _____ **Initials**

14. Any Police contacts must be reported immediately to the Jail Diversion Deputy. _____ **Initials**

15. You shall be subject to random home checks; these checks and searches of your residence will be conducted without prior or advanced notice from the Jail Diversion Deputy. *You will grant permission and allow without delay anyone, who comes to your home/residence on behalf of the Sheriff's Department, to enter your home to conduct a search and inspection of the premises. The purpose of search/inspection of the premises is to verify your compliance with EM Program rules, regulations, conditions and the condition of EM Program equipment. Failure to allow personnel from or agents working on behalf of the Sheriff's Department unobstructed access to your residence and premises **will result in the immediate removal from the EM Program, loss of Huber/work release privileges and return to the Sauk County Jail. And, the removal from the EM Program will be without notice or avenue of appeal.*** _____ **Initials**

16. You shall keep Jail Diversion Deputy informed of your activities/current job locations at all times. Your schedule must be approved by the Jail Diversion Deputy. **Any changes in your schedule need prior approval 24 hours in advance.** _____ **Initials**

17. You are responsible for informing any one at your residence about the EM Program rules. NO extended or conjugal visits allowed. Only persons listed as a permanent resident on your initial application may stay overnight at your residence. _____ **Initials**

18. Initially, you will pay for two weeks in advance to initiate the EM Program. You will then pay in advance the weekly fee, which is charged , for participation in the Electronic Monitoring Program. You will report to the Sauk County Huber Center once a week at scheduled times to make your fee payment and submit a work and appointment schedule. Your schedule must be for one week in advance. Your fees will be paid in cash or money orders for the exact amount only. Personal checks **will not** be accepted. You will pay \$17.00 per day to offset the cost of the program. Failure to make payments as scheduled will result in your return to the Sauk County Jail. _____ **Initials**

19. You shall be held responsible for any damage to the equipment. You shall not tamper with, attempt, or allow anyone else to tamper with or attempt to fix the equipment. All equipment shall be returned to the Sauk County Huber Center at 1300 Lange Court, Baraboo, WI (608) 355-4467, upon termination of your participation in the EM Program. If you do not bring the equipment back in good condition, the District Attorney *can charge you with theft or vandalism*. Equipment is valued at \$3,500.00. _____ **Initials**

20. You shall insure that your telephone and electricity expenses are paid for on time, disconnection is a violation. If your phone or electricity fail for any reason, you will report it immediately to the Sauk County Huber Center. _____ **Initials**

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Inmate Name:	File Number:
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1. You are responsible for all of the applicable rules as established for the Sauk County Huber Center as well as specific rules for the Electronic/GPS Monitoring Program or EM Program. You will follow all established home, work, etc...rules. Unauthorized deviation from your schedule and/or approved travel routes is a violation. _____ **Initials**
2. You must have a negative urinalysis (no drugs) at the time of booking into the Huber Center in order to go out on the EM Program. _____ **Initials**
3. You shall spend the first 48 hours of your sentence at the Sauk County Huber Center.
4. You shall comply with all verbal and written instructions and orders issued by the Jail Diversion Deputy or Huber Center staff. _____ **Initials**
5. You shall remain at your approved residence at all times unless you have specific authorization from the Jail Diversion Deputy or Huber Center staff to leave. _____ **Initials**
6. You shall have a permanent residence in Sauk County.
7. You shall avoid any conduct which is a violation of any law, municipal, or county ordinance. You may not associate with any criminals, substance abusers, or gang members. Any new or pending charges must be reported immediately to the Jail Diversion Deputy. _____ **Initials**
8. You shall not change residence, employment, or telephone number without permission from the Jail Diversion Deputy. _____ **Initials**
9. You shall have your telephone operational at all times with no additional services (3-way calling, caller ID, call forwarding, Internet, or answering machine) that have not been approved by the Jail Diversion Deputy. _____ **Initials**
10. You shall report as directed for scheduled and unscheduled appointments. _____ **Initials**
11. You shall not have alcohol in or at your residence, on your property and/or use (consume, ingest, or take into your body) alcohol, drugs/narcotics (legal or illegal) and/or medications containing alcohol that have not been prescribed by a physician. This includes all over the counter non-prescription medications and mouthwashes which contain alcohol as well as any foodstuff(s) or product(s) which may contain alcohol such as chewing tobacco, vanilla extract, prepared sauces, candies and/or confectionery. You may not have on your possession and/or use any prescription medications not specifically prescribed for you by a physician. You will be required to submit to scheduled and random drug/alcohol use testing and/or urinalysis. ***I understand the consumption and/or possession of alcohol, medications without prescription from a doctor and/or illegal drugs/narcotics will result in the immediate removal from the EM Program, loss of Huber/work release privileges and return to the Sauk County Jail. I understand the removal from the EM Program will be without notice or avenue of appeal.*** _____ **Initials**