SAUK COUNTY SHERIFF'S DEPARTMENT
APPLICATION FOR ELECTRONIC HOME MONITORING

DATE _____

Applicant Name _____
First **MI** **Last**

Date of Birth _____ **File Number** _____

Address _____

City_____ **County**_____ **Zip Code** _____

How long have you lived at above address _____

Telephone Number / Telephone Company _____ / _____

Cell Phone Number (if applicable) _____

Social Security Number _____

Sex _____ **Race** _____ **Height** _____ **Eye Color** _____ **Hair Color** _____

Scars/Marks/Etc. _____

Employment Information

Employer _____

Address _____

City _____ **County** _____

Phone Number _____ **Type of Work** _____

Supervisor Name _____ **Phone Number** _____

Weekly Work Hours (Days/Time) _____

Length of Employment _____

Does you job location vary? **YES / NO**

Does your supervisor work on site with you? **YES / NO**

Does you job take you out of county? **YES / NO**

Are you self employed? **YES / NO**

Will you have transportation that meets Huber requirements? **YES / NO**
(i.e. Valid DL, Vehicle Registration, etc.)

Explain you transportation and how it meets Huber requirements: _____

_____

Marital Status (circle one) **Married / Single / Divorced**

Do you rent or own? _____

List ALL people living with you:

	Name	Age	Relationship
A.			
B.			
C.			
D.			
E.			

Are you on Probation? If so, your agents name_____

When does your sentence start? _____

What is your scheduled release date? _____

Do you have any charges pending (list charges)? _____

Have you ever been convicted of a domestic charge? **YES / NO**

When? _____ **Victims Name** _____

Have you applied for the Electronic Monitoring Program in the past? YES / NO

If yes, when and were you accepted or denied? _____

_____

Do you have any restraining orders or injunctions? _____

_____

Do you have special family circumstances we should know about?

_____

_____

_____

_____

How is your health at this time? _____

Do you have any disabilities or special medical concerns?

_____

_____

_____

Are you currently taking any prescribed medication(s)? _____

If yes, Name of medication(s) _____

_____

_____

Name of Doctor _____

Have you ever been treated for drug or alcohol abuse? _____

Location and reason for treatment _____

_____

_____

Do you have any regularly scheduled appointments besides work (i.e. Treatment, counseling)? _____

_____

_____

Are there weapons in your home? If so, location and type of weapons. _____

_____

In the space provided give a short explanation as to why you should be eligible for this program. _____

_____

_____

_____

_____

_____

_____

I certify that the above information is true to the best of my knowledge.

Applicant's Signature: _____ **Date:** _____