

PIERCE COUNTY JAIL

Phone: 715-273-1124

Fax: 715-273-1137

PIERCE COUNTY HOME MONITORING AGREEMENT

You have been ordered to serve a jail sentence in the Pierce County Jail. You are to report to the lobby of the Pierce County Jail on the date and time listed on your Judgment of Conviction. **DO NOT REPORT UNDER THE INFLUENCE OF ALCOHOL OR DRUGS!** Failure to report on your scheduled report date/time will result in a warrant for your arrest.

Home Monitoring is a **privilege**. Although the Court granted you home monitoring, you must meet the criteria set forth by jail policy and the Sheriff in order to exercise Home Monitoring privileges.

Prior to checking in to serve your sentence, you must speak with a Home Monitoring officer after reviewing this packet. It is your responsibility to do this!

All Home Monitoring inmates will submit to a drug test before being released. You will be required to pay for this test at a cost of **\$12.00 in cash or money order**. If you fail your first drug or alcohol test you will be held in the jail until Sun Monitoring returns. You will not be released to Home Monitoring until you have passed the drug test. You will be required to pay \$12.00 for all positive tests.

If you would like to transfer to an approved county that is listed on your Judgment of Conviction, please contact a Home Monitoring Officer at 715-273-1124.

Criminal charges will be recommended to the District Attorney's Office for damage to any equipment.

FEES

Sun Monitoring fees are \$20.00 per day. You must pay Sun Monitoring two weeks in advance (\$280.00), plus the administration fee (\$100.00), for a total of \$380.00 on the day of hookup. ***No personal checks will be accepted; only money orders.*** You must pay Sun Monitoring every 14 days or be terminated from the program. If you are sentenced to less than 14 days, the fees will be prorated.

OWI/DRUG OFFENSES

If you are required to sit in jail prior to being released on Home Monitoring, you must report to the jail as directed to serve your time prior to meeting with Sun Monitoring. Please call the Jail to speak to a Home Monitoring Officer to make arrangements.

SCHEDULING

Sun Monitoring will handle all scheduling. You **must** remain in your home except to go to work or attend any court ordered activities, as scheduled by a Sun Monitoring representative.

VIOLATIONS

If you violate any of the Jail or Home Monitoring rules, the Sheriff or her designee may hold you from Home Monitoring privileges. You may have your Home Monitoring privileges permanently revoked and/or lose good time. If the rule violation constitutes the commission of a crime, you may be charged with that offense.

If you are in violation of a Home Monitoring rule you may still be charged the daily Sun Monitoring fees. If you are on probation and violate a rule you may be placed on a hold from your Probation Officer and return to jail. You will not be eligible to be hooked up with Sun Monitoring until your hold has been canceled. You will be required to wait until the next scheduled hook up date to go out on Home Monitoring again.

EMPLOYMENT INFORMATION

Inmate's name (print): _____

Type of job: _____

Employer's name: _____

Employer's address: _____

Employer's phone number(s): _____

Supervisor's name: _____

HEALTH INSURANCE

Health Insurance provider's name: _____

Please provide a copy of your health insurance card (front and back)

CHECKLIST

Huber/Home Monitoring inmates are required to complete the following list of items when reporting to jail. You will not be released on Home Monitoring until the list is complete.

- Money order for \$380.00. No personal checks will be accepted.
- Signed copy of the Home Monitoring Agreement
- Copy of the Judgment of Conviction from the court
- Cell phone number: _____
- Is it a smart phone capable of downloading apps? _____
- Employment information (if employed)
- Health insurance information (if insured)

PIERCE COUNTY HOME MONITORING AGREEMENT

I, (printed name) _____, am an inmate of the Pierce County Jail and hereby request to serve my sentence of _____ days/months on the Home Monitoring program. I understand I must, by court order, obey the following:

1. I will be restricted to (address) _____, County of _____, State of _____.
2. I understand that I am on Home Monitoring from the Pierce County Jail, and I am under the supervision of Sun Monitoring Justice Services.
3. I understand that I shall be on Home Monitoring until otherwise directed by the Sheriff or her Office, and must return to the jail upon request.
4. I understand that if I fail to return to the Pierce County Jail when ordered, I will be considered escaped under WI Statute 946.42.3(a), and will be deemed so.
5. I will immediately notify the Pierce County Jail if I am arrested or become involved in any situation that could have bearing on my status (traffic stops, criminal investigations, tickets, etc.)
6. I understand that I must obey all rules and regulations of Home Monitoring; ignorance is not an excuse.
7. I understand that if I violate any rules or regulations on Home Monitoring, the Pierce County Sheriff's Office may take me into custody at any time.
8. I understand that I am responsible for all dental and/or medical bills I incur.
9. I understand that I **must remain in my home** except to go to work or attend any court ordered activities as scheduled by a Sun Monitoring representative.
10. I understand that the possession and/or use of alcohol or illegal drugs is prohibited while on Home Monitoring. All prescription drugs shall be reported during the booking process.
11. I understand that I will be subject to a blood, urine, and/or breath sample if asked to do so by a Pierce County Deputy or a representative of Sun Monitoring. Refusal or failure to provide such a sample will result in the same disciplinary action that would be imposed for the use of alcohol or controlled substance.
12. I understand that in signing this document, I am waiving any and all rights under the Fourth Amendment of the United States Constitution concerning the search of my residence, its contents, and my person at any time.
13. I understand that if I am revoked from the Home Monitoring program I may lose good time.
14. I will not enter bars or go into any establishment that serves intoxicants unless it is my approved place of employment.

I have read, or have had read to me, this agreement and fully understand my obligations.

Inmate Signature: _____ Date: _____

Deputy Signature: _____ Date: _____

Original – Jail; Copy – Inmate