

Date: \_\_\_\_\_

Jail Start Date: \_\_\_\_\_

Check-in Time: \_\_\_\_\_

Length of Sentence: \_\_\_\_\_

Are you in the IDIP Program? \_\_\_\_\_

## **PIERCE COUNTY HUBER/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.

If you would like to transfer to an approved county that is listed on your Judgment of Conviction, please contact Sergeant Melanie Anderson or Deputy Cole Clements at 715-273-1124.

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

Prior to checking in to serve your sentence, **you must speak** with Sgt. Melanie Anderson or Deputy Cole Clements and pick up a Huber/Home Monitoring packet. Packets may be picked up at the Pierce County Jail or downloaded online from the Pierce County website. It is **your** responsibility to do this before checking in to serve your sentence. You are expected to bring in the packet when reporting to jail.

All Huber/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. 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 Huber/Home Monitoring until you have passed the drug test. You will be required to pay \$12.00 for all positive tests.

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

# PIERCE COUNTY HUBER/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 Huber/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 Huber/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 Huber/Home Monitoring; ignorance is not an excuse.
7. I understand that if I violate any rules or regulations on Huber/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 Huber/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 Huber/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: \_\_\_\_\_

Witnessing Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Sun Monitoring Rep: \_\_\_\_\_ Date: \_\_\_\_\_

*Original – Sun Monitoring; Copies – Inmate and Jail*

## **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 for 48 hours prior to being released on Huber/Home Monitoring, you must report to the jail as directed to serve your 48 hours prior to meeting with Sun Monitoring. Please call Sgt. Anderson or Deputy Clements to make arrangements.

## **SCHEDULING**

Sun Monitoring will handle all scheduling.

## **VIOLATIONS**

If you violate any of the Jail or Huber/Home Monitoring rules, the Sheriff or designee may hold you from Huber/Home Monitoring privileges. You may have your Huber/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 Huber/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. If you are put on a probation hold you may have to report back to jail and wait until the next time Sun Monitoring returns to the Jail.

## 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 Huber/Home Monitoring until the list is complete.

- Money order for \$380.00. No personal checks will be accepted.
- Signed copy of the Huber/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)