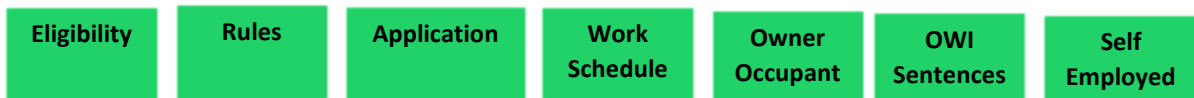


Electronic Monitoring Program (EMP)

EMP Coordinator - CO Jason Schwarz

Phone Number – 715-627-6444

Email – jschwarz@co.langlade.wi.us



Introduction to the EMP Program

The Langlade County Jail Electronic Monitoring Program is an opportunity that is available to inmates who meet the qualifications. The electronic Monitoring Program is a privilege, NOT A RIGHT. The Electronic Monitoring Program allows inmates to serve their jail sentences outside the jail. This will allow them to maintain family relationships and/or fulfill their employment responsibilities more efficiently.

The applicants of the Electronic Monitoring Program must complete the EMP application/appropriate forms explained in the rules. If you have any questions about the program, you may call the EMP Coordinator. Once the application is returned someone from the EMP Program will contact you with decision if you were accepted or denied for the program.

Eligibility/ and Guidelines for Langlade County Electronic Monitoring Program (EMP)

- You must comply with all Langlade County Jail/Huber rules, and conditions of probation.
- Failure to Comply with the program rules may result in your return to the Langlade County Jail, Revocation of Huber, and/or additional Criminal Charges.
- You must complete an application packet for the “Electronic Monitoring Program” including your criminal history, past and present.
- You must wear program-issued electronic monitor GPS ankle bracelet at all times.
- *Huber-transfer* inmates may be considered for this program if you pre-qualify for the program.
- Probation-Sentenced offenders and their living arrangements must be pre-approved by your Probation Agent to qualify for eligibility.
- Under WI ACT 100 2009, all inmates sentenced to the Langlade County Jail for an OWI Offense that has a court ordered Ignition Interlock Device (IID), must provide proof of installation of the IID within two weeks of court order. If you are court ordered to have an IID in place and you are found to be in operation of vehicle without such device this will also be grounds for immediate revocation of Huber on the EM program. [OWI Sentences](#)
- Your Criminal History (including multiple OWI’s) may exclude you from the program.
- **All Alcohol cases will be dual monitored:** GPS Ankle Monitor, and Portable hand-held remote breath device. If you are dual monitored:
 1. You must have Portable Breath Device with you at all times
 2. You must be available to submit random breath samples at any given time
- You must have a working phone to allow for communication with the EMP Officers- you must notify the EMP coordinator before changing your cell phone number once you enrolled in the Electronic Monitoring Program.
- Be prepared to give the EMP officer enrolling you, your complete work schedule, you will be required to turn in time cards and payments on a weekly schedule as determined by EMP Officer.

FEES AND PAYMENTS

- You must be sentenced to Langlade County jail with at least 5 days remaining on your sentence. If your sentence is 15 days or less you must pay all fees in advance.
- If you are pulled from the program early for any reason all fees paid to the program are non-refundable.
- You will be held financially responsible for any/all damage to electronic monitoring equipment while in our possession.
- You must provide a negative drug screen test prior to admission into the program and pay a non-refundable \$45.00 processing fee (\$10 drug screen, \$10 set-up fee and \$25.00 booking fee).
- **Langlade County Huber EMP** You must pre-pay program expense two weeks in advance (GPS monitoring \$20/day totaling **\$140/weekly**)
 - **\$325** (\$280 +\$45 processing fee-**first two-weeks advance payment.**)
- Dual monitoring for all alcohol offenses (GPS and Remote breath monitoring \$25/day totaling **\$175/weekly**)
 - **\$395** (\$350 + \$45 processing fee-**first two-weeks in advance payment.**)

- **EMP Huber transfers** (GPS monitoring \$25/day totaling \$175/weekly).
 - **\$395** (\$350 + \$45 processing fee-**first two-weeks in advance payment.**)
 - Dual monitoring for all alcohol related offenses (GPS and Remote Breath monitoring \$30/day totaling \$210/weekly.)
 - **\$465** (\$420 + \$45 processing fee-**first two-weeks in advance payment.**)
1. All monitoring fees will be paid directly to the Lantlade County Jail
 2. Your initial payment amount is due at the time of enrollment
 3. You will be required to make weekly payments until completion of the EMP program
 4. Fees may be paid in the form of Cash, money order cashier's check or credit card at, www.jailatm.com
 5. Each inmate sentenced to jail will pay a one-time processing fee as stated above.
 6. You are required to keep a positive account balance in order to remain eligible for the EMP program
- **Meeting the above criteria does not necessarily approve you for eligibility. Lantlade County reserves the right to disqualify you for any reason.**

Contact Information
Lantlade County Jail
715-627-6444
EMP Officers on site
EMP Coordinator: CO Schwarz
jschwarz@co.lantlade.wi.us

Langlade County EMP (Electronic Monitoring Program) Rules and Regulations

As a participant of the Langlade County Jail's Electronic Monitor Program, you are responsible for the following rules and regulations. Remember, Huber Law is a PRIVILEGE, not a right. Therefore, any abuse of that privilege will lead to its loss.

1. I agree to reside at the approved residence at all times as authorized by the monitoring staff of the Langlade County Jail.
2. I understand that Langlade County does NOT have any responsibility to provide food, clothing, dental or other medical care during my participation in this program.
3. I agree to have the portable hand-held breath device with me at all times and submit my breath samples, as required for dual purpose monitoring, if sentenced on an alcohol related case. I understand that failure to comply with the submitting of my breath as required are means for termination of the EMP program.
4. I agree to submit my person, property, place of residence, vehicle and/or other belongings to search and seizure at any time, with or without search warrants, to any Law Enforcement Officer.
5. I agree if I have a job that I will not be allowed to work any Holiday which includes Easter, New Years, Christmas, Labor Day and ect.
6. I understand that I am responsible for all of the applicable rules as established for the Langlade County Jail as well as specific rules for the Electronic Monitoring Program. I will follow all established home, work, etc. rules. Deviation from my schedule and/or approved travel routes is a violation.
7. I will not enter areas that are defined to be off limits (i.e. liquor stores, taverns, restraining order residence, etc.)
8. I agree that at no time while participation in the Electronic Monitoring Program will I have alcoholic beverages or illegal drugs in my residence. I also understand that any consumption of alcohol, non-prescribed medications, or proof of illegal drug use will result in immediate termination of the EMP program.
9. I agree to remove all firearms from my residence while I am on the Electronic Monitoring Program.
10. I understand that I must receive permission from the monitoring staff before moving to a new address. I also must get staff permission prior to another person moving into my residence.
11. I agree to remain in my residence at all times, except for the hours I work, attend counseling, or any other pre-approved activities. I will not leave my home until the specified time and I will return home by the specific times. When overtime work is required, my supervisor will call and receive

authorization for working overtime from the EMP Officer at the Langlade County Jail (unless already approved/discussed with the Inmate at an earlier time). EMP phone number 715-627-6444

12. I agree to pay 2 weeks in advance for participation in the Electronic Monitoring Program and the one-time processing fee established in the "eligibility and guidelines". **Weekly payments will be submitted thereafter until completion of EMP program.**
13. I will call in and report to Langlade County Jail Every Friday to check in with an EMP Officer unless other arrangements have been made to submit weekly payments, submit a work schedule, appointment requests and or a UA. Payments can be made on Jailatm.com by credit/debit card also. Weekly payments must be in your account by 10am on every Saturday. Personal checks will not be accepted.
14. **I understand that the EMP Officers can activate a TONE/ VIBRATE status to the GPS ankle monitor, when my ankle bracelet sounds with a tone or vibrates I am aware that I must call the EMP Officers ASAP at 715-627-6444 and follow the EMP Officers directive.**
15. I agree to report to the Langlade County Jail for random testing or equipment checks if directed by EMP Officers.
16. I accept responsibility for the care of the program equipment issued to me. I understand that I will be held financially responsible for any damage to or loss of equipment and may be held civilly and/or criminally liable for replacement cost.
17. I will not tamper with the Electronic Monitoring equipment in any way, nor will I remove or attempt to remove the bracelet.
18. I will keep your Electronic Monitoring device's charged. (Suggested you charge while you sleep or at least 2 hours a day.)
19. I understand that I can make one stop a week with permission from an EMP officer prior to get groceries, gas, necessities, and or prescriptions needed. Plan accordingly to make sure you get what is needed with that stop for the week.
20. I understand that not all stops will be approved like going to Fast Food Restaurants, Visiting Friends and Ect. They need to be legitimate stops like doctors' appointments, PO appointments, NA, AA and or mental health appointments.
21. I understand violation of any of the listed conditions or agreement may cause my removal from the program without notice or avenue of appeal.

Electronic Monitoring Participant Name (print): _____

Signature: _____ Date: _____

For Office Use Only:

Electronic Monitoring Officer: _____ Date: _____

Laglade County Jail Electronic Monitoring Program

APPLICATION FOR ELECTRONIC MONITORING PROGRAM (EMP)

Personal Information

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Social Security Number: _____

Date of Birth: _____ Sex: ____ Race: ____ Height: ____ Weight: ____ Eye: ____ Hair: ____

Marital Status: (check one) Married Single Divorced Separated

Emergency Contact Name _____ Phone Number _____

How Long at Above Address: _____

Do You Rent or Own Address? (check one) Rent Own Other: _____

If your address is not owned, have property owner complete and sign the Laglade County Jail owner occupant permission form and return with application. [Owner Occupant](#)

List all People residing at this residence:

Name	Age	Relationship
1. _____		
2. _____		
3. _____		
4. _____		

If divorced and have children, do you have visitation privileges? (check one) Yes No

If yes, names/ages of children: _____

Medical Documentation

Do you have any disabilities or special medical conditions? (check one) Yes No

Explain: _____

Are you currently taking any prescribed medications? (check one) Yes No

Name of medication(s), dosage and name of pharmacy _____

Name and Location of Doctor(s): _____

Have you ever been treated for drug or alcohol abuse? (check one) Yes No

Location and reason for treatment? _____

Do you have regularly scheduled appointments besides work? (i.e. treatment, counseling, etc.)

(check one) Yes No

If yes, list when and where: _____

You may provide a written recommendation from your doctor. This recommendation will be shared with the Langlade County Jail medical staff, while considering your application.

Employment Information:

Employer: _____ Supervisor: _____

Address: _____

City: _____ Zip: _____ County: _____

Supervisor's Phone Number: _____ Type of Work: _____

Weekly Work Hours (day/time): _____

Length of Employment: _____

Does your job location vary? Yes No

Does your supervisor work on site with you? Yes No

Does your job take you out of the county? Yes No

Are you self-employed? (Proof will be required) Yes No

Do you have a Valid Driver's License? Yes No

Transportation: Walk/Bike Drive Ride

*The vehicle you drive or vehicle that you ride in must have an auto insurance policy and driver must have a valid Driver's License.

Car Owner: _____ Driver's License # _____

Insurance Name & Phone Number: _____

Policy #: _____

Vehicle Description _____ License Plate # _____

*****please attach copies of Drivers DL and proof of insurance**

Child Care Information:

Prior to release for child care, the inmate must provide:

Child/children's name and Date of birth

	Name	DOB
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Spouse/or Other Caregiver employment information must be provided: _____

Criminal History

What is the current case number you're sentenced on and the length of your sentence? _____

Do you have any charges pending? (list charges and location) (check one) Yes No

1. _____

2. _____

Are you currently on probation or parole? (check one) Yes No

If yes, what is your agents name and phone number

Have you ever been convicted of a Domestic Abuse related charge? (check one) Yes No

If yes, when? _____ Victim(s) name(s): _____

Do you have any restraining orders/injunctions against you or someone else? (check one) Yes No

If yes, name and address of respondent/petitioner: _____

Inmate Contract

This document constitutes an agreement made by the applicant with the Langlade County Jail for the purpose of participating in the Electronic Monitoring Program (EMP)

The applicant pledges that all the information given to corrections staff during the application and classification process is true to the best of his/her knowledge.

The applicant acknowledges having received a copy of the rules of the EMP and has had the opportunity to discuss them with jail staff.

The applicant acknowledges that he/she understands the rules of the EMP, and agrees to comply with them. **Failure to comply with the rules will result in disciplinary actions that may include: removal from EMP and completing the sentence in the jail, loss of good time and suspension or revocation of Huber Law privileges.**

The applicant releases the Langlade County Sheriff's Office, Langlade County Jail and its' personnel from any liability associated with participation in EMP.

The applicant agrees that upon completion of the program, all of the program equipment issued to him/her shall be returned to the appropriate corrections official in clean operable condition or the cost of repairing, servicing or replacing the equipment will be assessed against the applicant.

The applicant agrees to comply with all lawful orders and instructions issued by the Langlade County Jail and law enforcement officers.

The applicant agrees to report to the Langlade County Jail, weekly, as assigned.

My signature confirms the above, as well as my receipt of EMP equipment.

Applicant Name (print): _____

Signature: _____ Date: _____

Corrections Officer Signature: _____ Date: _____

Scheduled Weekly Report Day: _____

I believe the information provided by me to be true and correct, to the best of my knowledge. I understand that purposeful omissions or inaccuracies, on my part, will be reason for my immediate disqualification from consideration for the program.

Inmate Signature: _____ Date: _____

Information Verified by: _____ Date: _____
EMP Coordinator / Staff

Approved By: _____ Date: _____
Jail Administrator

Electronic Monitoring Program Work Schedule

Name of Inmate _____

Name of Employer/Business: _____

Job Site Address: _____

Supervisor: _____ Phone Number: _____

Rate of Pay: _____ Date of Pay: _____

1. **Start and End times are your scheduled hours for work.**
2. **The EMP participant will not be allowed to work over 12hrs a day (including travel time), more than 60hrs a week or more than 6 days in a row unless approved by the EMP Staff, and this would only be for special situations. (Not Daily)**
3. **Completed schedules must be turned in every Saturday. They can be dropped off or faxed to the EMP Coordinator at 715-627-6432.**

DATE	DAY OF WEEK	START TIME	END TIME	TOTAL HOURS
__/__/__	Sunday			
__/__/__	Monday			
__/__/__	Tuesday			
__/__/__	Wednesday			
__/__/__	Thursday			
__/__/__	Friday			
__/__/__	Saturday			

I, hereby state that these are paid hours for this employee, who is presently under the Electronic Monitoring Program (EMP) of the Langlade County Jail. I understand that the information furnished is public record and may be given to the IRS, Social Security Office, Employment Relations Board or others as requested. I agree to call the EMP Staff in the event of any changes in hours for this employee. I also agree to advise the EMP Staff of any job site changes by the employee. The Coordinator can be reached at 715-627-6444.

In order for your employee to continue with this program, this form must be filled out by you prior to each work week. The Jail considers Sunday for the first day of the week.

Signature of Supervisor

Date

Langlade County Jail

Owner/Occupant Permission Form

I, _____, give permission for _____
to use my residence while participating in the Electronic Monitoring Program (EMP). I
understand that I will have to abide by the following rules:

1. I agree to submit my place of residence to search at any time when requested by any Law Enforcement Officer. This includes allowing them to enter my residence at any time to inspect EMP equipment and to see that the above-named person is complying with the rules of the program.
(INT.) _____

2. I agree that at no time while the above-named person is participating in the EMP, I will have any alcoholic beverages or illegal drugs in my residence.
(INT.) _____

3. I agree to remove all firearms from my residence while the above-named person is residing here.
(INT.) _____

Owner/Occupant Name: _____

Address: _____

City: _____ Zip: _____ County: _____

Phone Number: _____ Cell Phone: _____

Signature

Date

EMP Officer

Date

OWI Sentences Only

Name: _____

Case #: _____

Under Wisconsin ACT 100 2009, all inmates sentenced to the Langlade County Jail for an OWI offense that has a court ordered Ignition Interlock Device (IID), must provide proof of installation of the IID within two (2) weeks of the court order. Failure to provide such evidence will result in revocation of Electronic Monitoring and/or Huber privileges. If you are court ordered to have an IID in place and you are found to be in operation of a vehicle without such device, this will also be grounds for revocation of the EM program and/or Huber privileges. This will pertain even though you may not be driving a vehicle while serving your jail sentence.

By signing, I acknowledge the requirements and consequences of not complying with these requirements.

Inmate Signature

Date

Proof of installation given to Jail (Date): _____

Officer verifying IID installation _____

Self Employed EMPs

If you are self-employed and you are going to be participating in the EM program, you will have to provide the following information in order for your employment to be permitted. This would also apply to those inmates that are getting out for Child Care and their spouses are self-employed.

- 1. Written and signed contracts for each job.**
 - a. This should be a formal contract with the party you are doing business with. It should have the party's name, address and phone number. It should also state what work is to be done along with a start and completion date for that work.

- 2. Tax Records of the Business for the previous year.**
 - a. If the business has started within the year, we will not consider this a legitimate business. Jobs for cash are not allowed.

- 3. Job site location forms must be completed every night for the next day's work.**
 - a. These forms will need to list the date, complete address of the job site and the time that you will be at the job site. These forms are used by the Sheriff's Office to check on EMP inmates. If you are not at the job site when you state you will be there, you will be found in violation of the jail rules and you will be subject to termination from the EM Program.

- 4. EMP fees must be paid in advance.**
 - a. When you come to jail, you will need to pay the EMP fee up front. If at anytime your balance drops below \$0.00, you may be subject to termination of the EM Program. Part-time employment is not allowed.