

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 Day Report area of the Pierce County Jail at 555 W. Overlook Dr. in Ellsworth on the date and time listed on your Judgment of Conviction.

THERE MAY NOT BE ANY TRACE OF ALCOHOL OR DRUGS IN YOUR SYSTEM THE DAY YOU ARE TO BE HOOKED UP! 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 **\$15.00 in cash or money order**. **If you fail this 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 \$15.00 for all tests until you are released from jail.

You must be within 100 miles of Ellsworth for your work and where you live.

YOU MUST HAVE HEALTH INSURANCE that you purchase or through your employer (workers' comp) You must show proof of that insurance (insurance card or letter from insurance company) before being released to the Home Monitoring Program.

If you have driving privileges or if someone is driving your vehicle you **MUST HAVE CAR INSURANCE** and you must show proof of insurance (insurance card or letter from insurance company), and that person must have a valid license (we will need the name and date of birth of that person).

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. It is your responsibility to contact the county you want to serve your time in and make the arrangements that they require you to have, this will be at NO cost to Pierce County. This arrangement of serving time in another county will be between you and them, Pierce County will not be involved.

Initial an date _____

FEES

Sun Monitoring fees are \$25.00 per day. You must pay Sun Monitoring two weeks in advance (\$350.00), plus the administration fee (\$100.00), for a total of \$450.00 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. Your inmate Turnkey accounts must be paid before you leave the jail.

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 (Phone 715-273-1124 then 9 when you get the recording) to speak to a Home Monitoring Officer to make arrangements.

VIOLATIONS

You may at any time be contacted to report to the jail to submit to a PBT and/or a drug test. The sheriff will pay for one (1) drug test, if you are required to report to the jail to have any subsequent tests done you will be responsible for that cost. If it is a drug/drinking violation you will need to have a clean UA/oral test and pay for all UA/oral tests before being released.

If you violate any of the rules set forth by the Pierce County jail, Sun Monitoring, or the Judge, you may be held from home monitoring, and/or lose good time, be removed from the home monitoring program. If the rule violation constitutes the commission of a crime, you will be charged with that offense. When the jail learns of a criminal activity or any actions that violate EHM or Sun Monitoring Rules that you are involved with, you will be told to report to the jail immediately, you may be held for 48 hours or more, or until it is determined that you are not a threat to the community, this includes losing EHM privileges. If/When Sun Monitoring or Pierce Co. Sheriff's Dept. is calling, you must answer your phone. Not answering your phone will be considered a violation of the rules.

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 returned 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. If you are put on a Probation HOLD, your EHM time stops until that hold is taken off.

Initial and date _____

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.

EMPLOYMENT INFORMATION

Inmate's name (print): _____

Type of job: _____

Employer's name: _____

Employer's address: _____

Employer's phone number(s): _____

Supervisor's name: _____

Work schedule (days working, hours, etc) _____

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 \$450.00. No personal checks will be accepted.
- Cell phone number: _____
- Is it a smart phone capable of downloading apps? _____
- Employment information (if employed)
- Health insurance information or workers' comp
- \$15.00 EXACT CASH or Money Order for UA test.

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

Initial and date _____

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 have police contact or an attempted contact by police, Sun Monitoring or Pierce Co Sheriff's Dept. 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 State and Federal laws including 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, oral swab 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. I am responsible for the test costs (UA, blood, oral etc.). The Sheriff will pay for one test when called back into the jail.
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