

SHEBOYGAN COUNTY DETENTION CENTER
HUBER PACKET

NAME: _____

YOUR REPORT DATE IS: _____ TIME: _____

IF YOU FAIL TO REPORT ON THE DATE SET, A WARRANT FOR YOUR ARREST WILL BE ISSUED. PLEASE KEEP IN MIND THAT THIS PACKET MUST BE COMPLETED AND BROUGHT WITH YOU AT THE TIME OF YOUR BOOKING WHETHER YOU ARE EMPLOYED OR NOT.

IN ADDITION TO THIS PACKET, YOU WILL ALSO NEED TO BRING IN THE FOLLOWING:

If Working or Child Care: \$20.00 per day
1 Week Meals and Maintenance, plus
Booking Fee (\$140.00 + \$30.00)

Full-time College Student; not employed: \$10.00 per day
1 Week Meals and Maintenance, plus
Booking Fee (\$70.00 + \$30.00)

Full-time High School Student; not employed:
Meals and Maintenance not charged.
Booking Fee Only. (\$30.00)

If serving less than 15 days, Full Meals and Maintenance for amount of time served is required plus \$30.00 Booking Fee.
(Number of days x \$20.00 = \$ ____ .00 Plus \$30.00 Booking Fee.)

\$20.00 PER DAY WILL BE ASSESSED AGAINST INMATES:

- WHO HAVE HUBER AND ARE NOT WORKING
- WHO HAVE HAD THEIR HUBER REVOKED.

✓ IF DRIVING - DRIVERS LICENSE, AUTO INSURANCE

✓ IF SELF EMPLOYED - BUSINESS INSURANCE, CONTRACTS, AND TAXES

✓ CHILD CARE - BIRTH CERTIFICATE(S) AND SPOUSE'S WORK HOURS FROM EMPLOYER

FOR YOUR APPOINTMENT REPORT TO:

THE SHEBOYGAN COUNTY DETENTION CENTER
2923 SOUTH 31st ST.
SHEBOYGAN, WI 53081

THE DETENTION CENTER IS LOCATED ON THE SOUTH SIDE OF SHEBOYGAN. FROM HIGHWAY 43 TAKE HWY 28 EAST TO TAYLOR DR., NORTH TO CROCKER OR PAINE AVE., EAST TO 31st ST.

Return all Paperwork, including Work Schedule and fees when you Report in for your sentence.

SHEBOYGAN COUNTY DETENTION CENTER

Personal Items Allowed When Turning Yourself In At The SCDC

CLOTHING:

ALLOWED UP TO (3) CHANGES OF OUTER CLOTHING, PLAIN T-SHIRTS, SWEATSHIRTS (NO WRITING OR DESIGNS ON THEM) UNDERWEAR, SOCKS ONE PAIR OF WORK SHOES, AND ONE PAIR OF CASUAL SHOES, AND ONE JACKET. COME TO THE SCDC WITH ALL PROPERTY MARKED.

HYGIENE:

COMB, TOOTHBRUSH, TOOTHPASTE, SOAP/ BODY WASH (NON PUMP- CLEAR CONTAINER) NON-AEROSOL CONTACT LENS SOLUTION, PLASTIC CONTACT LENS CASE, DEODORANT (PUSH UP STYLE), SHAMPOO AND CONDITIONER (CLEAR PLASTIC BOTTLE), AND SHAVING CREAM OR GEL.

MEDICATION:

ALL MEDICATION MUST BE PRESCRIBED AND HAVE THE PHYSICIAN'S NAME, CURRENT EXPIRATION DATE, DOSAGE, FREQUENCY AND NAME OF MEDICATION MARKED CLEARLY ON THE CONTAINER.

NON-PRESCRIPTION MEDICATION MAY NOT BE BROUGHT IN, BUT MUST BE PURCHASED THROUGH COMMISSARY AT THE WORK RELEASE CENTER.

MISCELLANEOUS:

WIND-UP OR BATTERY OPERATED ALARM CLOCKS

MAGAZINES, NEWSPAPERS, AND BOOKS MAY NOT BE BROUGHT INTO THE SCDC, UNLESS THEY ARE WORK RELATED, SCHOOL RELATED OR RELIGIOUS MATERIAL; ALL OTHERS MUST BE SENT THROUGH THE MAIL BY THE PUBLISHER.

IF YOU HAVE ANY QUESTIONS ABOUT ANY OTHER ITEMS, OR ABOUT THE FOLLOWING RULES AND FORMS, PLEASE CALL THE SHEBOYGAN COUNTY DETENTION CENTER AT 459-1301.

**SHEBOYGAN COUNTY DETENTION CENTER
HUBER LAW/WORK RELEASE RULES**

PLEASE READ AND INITIAL

- 1) \$140.00 (MEALS & MAINTENANCE) MUST BE PAID BEFORE AUTHORIZATION TO GET OUT FOR WORK. WHILE EMPLOYED, YOU MAY WORK UP TO SIX DAYS A WEEK WITH THE SEVENTH DAY SPENT IN THE JAIL. MAXIMUM WORKING TIME OUT OF THE JAIL IS 12 HOURS INCLUDING TRAVEL TIME.

INITIALS: _____

- 2) INMATES PERMITTED TO LEAVE THE SCDC FOR SPECIFIED PURPOSES WILL GO DIRECTLY TO AND FROM THE DESIGNATED LOCATION. STOPPING IN ROUTE OR DEVIATING IN ANY MANNER FROM THE SHORTEST POSSIBLE ROUTE IS NOT PERMITTED UNLESS AUTHORIZED BY STAFF.

INITIALS: _____

- 3) ALL GENERATED EARNINGS WHILE IN CUSTODY, INCLUDING UNEMPLOYMENT COMPENSATION AND UNEMPLOYMENT TRAINING BENEFITS MUST BE TURNED OVER TO THE SHERIFF. ANY INMATE HAVING DIRECT DEPOSIT MUST HAVE IT CANCELED BEFORE REPORTING.

YOUR MONEY WILL BE PAID OUT AS REQUIRED BY SECTION 303.08 OF THE WISCONSIN STATE STATUTES, IN THE FOLLOWING ORDER:

- a) THE COST OF YOUR ROOM AND BOARD, INCLUDING MEDICAL EXPENSES
- b) SUPPORT OF DEPENDENTS IF ORDERED BY THE COURT

ALL MONIES LEFT AFTER ACCOUNTED DEDUCTIONS WILL BE RETURNED IF REQUESTED. ALL REQUESTS MUST BE IN WRITING, AND ADDRESSED TO THE DETENTION BOOKKEEPER.

INITIALS: _____

- 4) WHENEVER YOU ARE NOT WORKING, YOU WILL BE CONFINED TO THE SCDC. ALL FREE TIME WILL BE SPENT IN THE SCDC.

INITIALS: _____

- 5) IF YOU FAIL TO REPORT TO WORK, OR TO RETURN FROM WORK WITHOUT PROPER AUTHORITY, YOU WILL BE CONSIDERED AN ESCAPEE, AND WILL BE SUBJECT TO PROSECUTION.

INITIALS: _____

6) HUBERS WHO ARE SELF-EMPLOYED MUST SHOW PROOF OF THAT EMPLOYMENT AT THE TIME OF BOOKING. THIS WILL INCLUDE PAY, TAX RECORDS, BUSINESS LIABILITY INSURANCE, AND BUSINESS CONTRACTS.

*** SELF EMPLOYMENT MUST BE SET UP PRIOR TO REPORTING ***

INITIALS: _____

7) ALL SELF EMPLOYED HUBERS MUST PAY \$140.00 EACH WEEK. SELF EMPLOYED HUBERS MUST ALSO PROVIDE A WRITTEN ITINERARY FOR THE SCDC BEFORE LEAVING FOR WORK EACH DAY. WHILE OUT ANY CHANGES IN YOUR SCHEDULE MUST BE CALLED INTO THE SCDC.

INITIALS: _____

8) IF YOU ARE REQUESTED TO WORK OVERTIME, YOUR HOURS OF WORK, AND THE DAY(S) CHANGE, THE SCDC MUST BE NOTIFIED BY FAX AND OR A CALL FROM YOUR SUPERVISOR. IF THE SCDC DOES NOT RECEIVE YOUR NEW HOURS YOU WILL NOT BE PERMITTED TO WORK.

INITIALS: _____

9) NO VISITORS ARE ALLOWED TO VISIT INMATES WHILE AT WORK. INITIALS: _____

10) IF YOU HAVE BEEN GRANTED HUBER LAW PRIVILEGES FOR THE PURPOSE OF CHILD CARE, YOU ARE NOT TO HAVE ANY OTHER ADULTS IN THE HOME. PERSONS ATTENDING TO CHILD CARE WILL BE PERMITTED TO ATTEND ONLY THOSE FUNCTIONS APPROVED BY THE HUBER OFFICER AND MAY NOT LEAVE THE RESIDENCE WITHOUT PRIOR PERMISSION. YOU MUST HAVE A WORKING PHONE AT THE RESIDENCE AND MUST BE THE MOTHER, FATHER OR LEGAL GUARDIAN OF THE CHILD(REN) BEING ATTENDED. SPOUSAL EMPLOYMENT, DAYS AND HOURS WILL BE VERIFIED BEFORE ANY CHILD CARE IS PERMITTED. THOSE HOURS WILL BE THE ONLY HOURS YOU WILL BE ALLOWED OUT FOR CHILD CARE. IF EMPLOYED AND DOING CHILD CARE, THE HOURS WILL BE COMBINED.

*** CHILD CARE MUST BE SET UP PRIOR TO REPORTING. ***

INITIALS: _____

11) ANY EMPLOYMENT MUST OFFER AT LEAST 4 HOURS OF WORK EACH DAY AND PAY AT LEAST THE CURRENT MINIMUM WAGE.

INITIALS: _____

12) PART-TIME JOBS WHICH ARE IN ADDITION TO FULL-TIME EMPLOYMENT (32 HOURS OR MORE) ARE FORBIDDEN. NON-BUSINESS RELATED EMPLOYMENT FOR RELATIVES/FRIENDS IS NOT ALLOWED. EMPLOYMENT MAY NOT BE OBTAINED FROM ANOTHER INMATE. YOU MAY WORK TWO (2) PART TIME JOBS IF THEY DO NOT EXCEED 12 HOURS A DAY, SIX (6) DAYS A WEEK.

INITIALS: _____

13) IF YOU ARE REQUIRED TO WORK ON A HOLIDAY, YOUR EMPLOYER MUST MAKE A REQUEST ON COMPANY LETTERHEAD NO LATER THAN 48 HOURS PRIOR TO THE REQUESTED HOLIDAY. INMATES WILL NOT BE ALLOWED TO WORK IF THEY HAVE NO WRITTEN REQUEST OR IF THEY TURN IN THE REQUEST LATE. THE HOLIDAYS LISTED ARE AS FOLLOWS:

NEW YEARS DAY	INDEPENDENCE DAY	CHRISTMAS EVE
EASTER SUNDAY	LABOR DAY	CHRISTMAS DAY
MEMORIAL DAY	THANKSGIVING DAY	NEW YEARS EVE

INITIALS: _____

14) ALL HUBER/WORK RELEASE INMATES RETURNING TO THE SCDC WILL BE STRIP SEARCHED. A STRIP SEARCH BEFORE LEAVING THE JAIL WILL BE CONDUCTED AT THE CORRECTIONAL OFFICERS DISCRETION. ALL PERSONAL PROPERTY ENTERING OR LEAVING THE JAIL WILL BE INSPECTED.

INITIALS: _____

15) HUBER/WORK RELEASE INMATES ARE NOT ALLOWED TO CONSUME ANY ALCOHOLIC PRODUCT/BEVERAGE, USE UNAUTHORIZED MEDICATION/DRUGS, OR ANY OTHER CONTROLLED SUBSTANCE. ANYONE SUSPECTED OF VIOLATING THIS WILL BE REQUIRED TO PROVIDE A BREATH TEST, URINE SAMPLE OR BOTH. REFUSAL TO DO SO WILL BE CONSIDERED AN IMPLICATION OF GUILT AND A VIOLATION OF JAIL RULES. YOU MAY REQUEST TO BE RETESTED OF THE URINE SAMPLE YOU HAVE PROVIDED. IF THE RESULTS ARE POSITIVE, THE COST OF THE TEST WILL BE PAID BY THE INMATE.

THIS WILL BE ENFORCED AT THE TIME OF BOOKING. INMATES WILL TURN THEMSELVES IN COMPLETELY SOBER.

INITIALS: _____

16) HUBER/WORK RELEASE INMATES WILL PROVIDE THEIR OWN TRANSPORTATION. TRANSPORTATION FOR THE INMATE MUST BE APPROVED BY THE SCDC STAFF BEFORE IT IS EFFECTIVE. YOU ARE NOT PERMITTED TO DRIVE A MOTOR VEHICLE TO AND FROM WORK WITHOUT A VALID DRIVER'S LICENSE, PROOF OF VEHICLE REGISTRATION, AND PROOF OF CURRENT LIABILITY INSURANCE.

THIS INFORMATION MUST BE BROUGHT WITH YOU AT THE TIME OF BOOKING.

INITIALS: _____

- 17) UPON RETURNING TO THE SCDP, ALL INMATES WILL REPORT TO THE SCDP STAFF IMMEDIATELY. HUBERS ARE NOT ALLOWED TO LOITER IN ANY AREA OF THE SCDP INCLUDING THE OUTSIDE GROUNDS. HUBERS WAITING FOR TRANSPORTATION MUST WAIT AT THE HUBER VESTIBULE.

INITIALS: _____

- 18) * **NO SMOKING POLICY** * NO HUBER INMATE SHALL ENTER THE SCDP SMOKING ANY TOBACCO PRODUCTS. ANY INMATE CAUGHT SMOKING WILL BE ISSUED A CITATION, AS WELL AS JAIL DISCIPLINE.

DETENTION CENTER

INMATES MAY DEPOSIT SMOKING MATERIALS IN THEIR PERSONAL LOCKER LOCATED IN THE "HOT LOCKER ROOM."

INITIALS: _____

- 19) WORKING HUBER INMATES WILL BE EXPECTED TO MAKE THEIR OWN MEDICAL/DENTAL APPOINTMENTS ON DAYS OF HUBER ACTIVITY (NOT ON A DAY OFF). VERIFICATION OF APPOINTMENT IS REQUIRED. ANY MEDICATION ORDERS AND REFILLS IS THE RESPONSIBILITY OF THE INMATE. ALL MEDICAL EXPENSES INCURRED ARE TO BE PAID BY THE INMATE.

INITIALS: _____

- 20) MEALS WILL BE SERVED TO HUBER LAW INMATES IF THEY ARE IN JAIL AT MEAL TIME.

AN "EARLY BAG BREAKFAST" WILL BE PROVIDED FOR THOSE WHO SIGN UP FOR ONE ON THE MEAL ACTIVITY SHEET. THOSE WHO LEAVE PRIOR TO 4:00 A.M. AND RETURN AFTER 12:00 P.M. MAY TAKE TWO BAG LUNCHES. PACKED LUNCHES WILL BE PROVIDED FOR INMATES WHEN THEY LEAVE FOR WORK. YOU **MUST** SIGN UP FOR A PACKED LUNCH IN ADVANCE.

* IF YOU RETURN AFTER 5:00 P.M., YOU MUST TAKE A BAG LUNCH FOR YOUR SUPPER MEAL. *

INITIALS: _____

- 21) NO HUBER INMATE, EMPLOYER, FRIEND, OR FAMILY MEMBER MAY CALL ANY OFFICER OR CLERK AT HOME.

INITIALS: _____

- 22) HUBERS MAY NOT USE PROFANITY, DIRECT OBSCENE GESTURES, OR SHOW DISRESPECT TOWARD THE CORRECTIONAL STAFF, VISITORS OR OTHER INMATES. LYING TO STAFF IS A MAJOR RULE VIOLATION.

INITIALS: _____

23) ALL HUBERS SHALL FOLLOW ALL ORAL AND WRITTEN ORDERS IMMEDIATELY WHEN GIVEN.

INITIALS: _____

24) REMEMBER WHEN REPORTING TO THE SCDC TO BRING ALL PERSONAL ITEMS NEEDED FOR YOUR STAY (EXAMPLES: CLOTHES, SHOES, THINGS NEEDED FOR WORK) ONCE BOOKED IN, YOU WILL NOT BE ALLOWED TO GO HOME FOR THESE ITEMS. IF ITEMS ARE FORGOTTEN THEY MUST BE DROPPED OFF. ALSO, KEEP IN MIND THAT YOU SHOULD MAKE PRIOR ARRANGEMENTS FOR PETS, MAIL, LAWN CARE AND HOME MAINTENANCE. **YOU WILL NOT BE ALLOWED OUT FOR THIS.**

INITIALS: _____

25) ALL PERSONAL TIME WILL BE DONE ON YOUR TIME. IF SUCH TIME CANNOT BE DONE WITHIN YOUR 12 HRS., YOU WILL NOT BE ALLOWED OUT FOR IT. ALSO, ANY PERSONAL TIME GRANTED MUST BE ON A WORK DAY. YOU WILL NOT BE ALLOWED OUT ON YOUR OFF DAY(S).

UPON YOUR RETURN FROM APPROVED PERSONAL TIME(SHOPPING), A VALID REGISTER RECEIPT MUST BE PROVIDED TO VERIFY ANY PURCHASES. FAILURE TO DO SO BY FORGETFULNESS IS NO EXCUSE, AND MAY RESULT IN DISCIPLINARY ACTION.

INITIALS: _____

26) YOU MAY LEAVE THE SCDC FOR THE FOLLOWING REASONS IF YOU HAVE HUBER/WORK RELEASE:

- 1) SEEKING EMPLOYMENT OR ENGAGING IN EMPLOYMENT TRAINING
- 2) WORKING AT EMPLOYMENT
- 3) PERFORMING COMMUNITY SERVICE (AS DIRECTED BY YOUR PROBATION OFFICER)
- 4) ATTENDANCE AT AN EDUCATIONAL INSTITUTION
- 5) MEDICAL TREATMENT
- 6) SHOPPING FOR PERSONAL ITEMS AS APPROVED BY STAFF
- 7) COUNSELING AND OTHER MEETINGS APPROVED BY STAFF

INITIALS: _____

27) ALL HAIRCUTS WILL BE GIVEN IN THE SCDC ONLY. ALL REQUESTS MUST BE MADE IN WRITING. NAMES WILL BE PUT ON A LIST. WHEN THERE IS A SUFFICIENT AMOUNT OF REQUESTS THE HAIR STYLISTS WILL COME IN. HAIRCUTS COST \$15.00. WHEN YOU ARE CALLED FOR YOUR HAIRCUT, YOU MUST BE READY. HAVE YOUR HAIR WASHED. YOU WILL BE REFUSED IF YOU REPORT WITH DIRTY HAIR.

INITIALS: _____

28) IF YOU ARE NOT EMPLOYED YOU WILL BE GIVEN AN OPPORTUNITY TO GAIN EMPLOYMENT WHILE SERVING YOUR SENTENCE . **YOU MUST HAVE A VALID ID AND SOCIAL SECURITY CARD PRIOR TO ANY WORK SEARCH AUTHORIZATION.** IF YOUR SENTENCE IS LESS THAN 15 DAYS, YOU WILL NOT BE ALLOWED OUT FOR WORK SEARCH. IF YOU HAVE PREVIOUSLY SCHEDULED INTERVIEWS YOU WILL BE ALLOWED TO ATTEND. YOU MAY BE ALLOWED OUT UP TO THREE (3) TIMES FOR WORK SEARCH.

INITIALS: _____

29) ALL REQUEST SLIPS FOR WORK SEARCH AND PERSONAL TIME MUST BE SUBMITTED ON SUNDAY FOR THE FOLLOWING WEEK. SLIPS SUBMITTED ON ANY OTHER DAY WILL BE DISCARDED. THE ONLY EXCEPTIONS WILL BE FOR EMERGENCIES, OR SPECIFIC CIRCUMSTANCES.

INITIALS: _____

30) IN CASE OF INCLEMENT WEATHER, OR FOR ANY OTHER REASON YOU CANNOT RETURN TO THE SCDC, YOU MUST CALL THE SCDC AS SOON AS POSSIBLE. YOU WILL BE REQUIRED TO SPEND THIS PERIOD AT A POLICE AGENCY. UNDER NO CIRCUMSTANCES WILL YOU STAY AT A PRIVATE RESIDENCE IN THIS EVENT.

INITIALS: _____

31) INDIVIDUAL LIVING AREAS, INCLUDING DAY ROOMS, WILL BE KEPT CLEAN AND IN AN ORDERLY FASHION AT ALL TIMES. BUNKS WILL BE **NEATLY** MADE AND ALL PERSONAL ITEMS WILL BE KEPT ON OR IN THE STORAGE AREA PROVIDED TO EACH INMATE. ANY ITEMS OTHER THEN SHOES FOUND ON THE FLOOR WILL BE SUBJECT TO DISPOSAL. ALL HUBER INMATES WILL BE REQUIRED TO PARTICIPATE IN SCHEDULED CLEANUP.

INITIALS: _____

32) JUMPING FROM, SWINGING, OR CLIMBING ON TIER OR STAIR RAILINGS, OR ANY OTHER FIXTURE IS PROHIBITED.

INITIALS: _____

33) IN ADDITION TO THE RULES MENTIONED, ALL OTHER RULES BY THE SCDC/JAIL WILL BE FOLLOWED.

INITIALS: _____

34) IF IT TAKES YOU IN EXCESS OF 90 MINUTES EACH WAY TO TRAVEL TO YOUR DESTINATION EITHER BY WALKING OR BICYCLE, AN ALTERNATIVE MODE OF TRAVEL MUST BE ARRANGED. PLAN ACCORDINGLY. YOU WILL NOT BE ALLOWED TO COMBINE MODES OF TRAVEL (IE: WALKING TO GET A RIDE).

INITIALS: _____

35) HUBERS ATTENDING SCHOOL, WILL BE REQUIRED TO FURNISH A CLASS SCHEDULE.

INITIALS: _____

36) INMATES **OBSERVED** DIGGING, HIDING, OR PROBING COUNTY LANDSCAPING SURROUNDING THE FACILITY, FACE POTENTIAL CHARGES FOR TRESPASSING. LUNCH BAGS, BOTTLES, ETC., FOUND BELONGING TO AN INMATE CURRENTLY HOUSED, CAN RESULT IN A LITTERING CHARGE.

INITIALS: _____

37) WHEN YOU HAVE A SCHEDULED COURT DATE, YOU ARE REQUIRED TO FURNISH STAFF WITH A COPY OF THE COURT PAPERWORK. FAILURE TO COMPLY MAY DELAY YOUR RELEASE FOR COURT. IF YOUR COURT IS SCHEDULED OUT-OF-COUNTY, YOU MUST NOTIFY STAFF WELL IN ADVANCE, PRIOR TO THE SCHEDULED DATE.

INITIALS: _____

38) EACH DAY, ONCE THE BREAKFAST MEAL IS COMPLETE, IT WILL BE YOUR RESPONSIBILITY TO STAY UP, SHOWER AND GET READY FOR WORK OR APPOINTMENTS. THE STAFF WILL NOT WAKE YOU.

INITIALS: _____

39) AFTER PROCESSING, YOU WILL BE REQUIRED TO LEAVE WORK/STREET CLOTHES AND UNAUTHORIZED PERSONAL PROPERTY IN YOUR ASSIGNED LOCKER IN THE "HOT LOCKER ROOM." YOUR UNDERGARMENTS AND UNIFORM ARE TO BE KEPT IN YOUR LOCKER IN THE "COLD LOCKER ROOM." YOUR UNIFORM IS TO BE KEPT IN YOUR LOCKER, IN THE "COLD LOCKER ROOM." YOU ARE RESPONSIBLE FOR SECURING YOUR LOCKERS. THE STAFF HAS THE RIGHT TO SEARCH LOCKERS AT ANY TIME. THE STAFF IS NOT RESPONSIBLE FOR MISSING ITEMS. IT IS NOT RECOMMENDED TO KEEP PERSONAL VALUABLES IN THE FACILITY.

INITIALS: _____

40) INMATES ARE NOT ALLOWED IN THE PUBLIC LOBBY, UNLESS AUTHORIZATION IS GIVEN. IF YOU WISH TO SPEAK WITH THE JAIL ADMINISTRATOR, HUBER COORDINATOR, EMP COORDINATOR, OR THE JAIL BOOKKEEPER THIS MUST BE DONE IN WRITING. IF DEEMED APPROPRIATE, A PASS WILL BE ISSUED TO YOU INFORMING YOU OF THE DATE AND TIME OF YOUR MEETING.

UNAUTHORIZED PRESENCE IN THE LOBBY WILL RESULT IN DISCIPLINE.

INITIALS: _____

41) PERSONAL CHECKS WILL NOT BE ACCEPTED FOR CANTEEN, HUBER FEES OR EMP FEES. PLEASE INFORM YOUR VISITORS ALL CASH DEPOSITS MUST BE MADE AT THE DETENTION CENTER.

INITIALS: _____

42) WHILE OUT ON HUBER, DO NOT CALL THE SCDC FOR PERSONAL REQUESTS, QUESTIONS ABOUT PAYROLL CHECKS, ETC. THIS MUST BE DONE IN WRITING.

INITIALS: _____

43) ANY QUESTIONS, SCHEDULES OR TO MAKE AN APPOINTMENT FOR EMP MUST BE MADE IN WRITING. DO NOT CALL THE SCDC.

INITIALS: _____

44) ONCE YOU HAVE BEEN ALLOWED ACCESS INTO THE HUBER VESTIBULE, YOU WILL NOT BE ALLOWED OUTSIDE.

INITIALS: _____

45) MEALS AND MAINTENANCE FEES CAN BE PAID BY PLACING CASH FUNDS IN COMMISSARY/MEALS AND MAINTENANCE BOX LOCATED INSIDE THE COLD LOCKER ROOM.

INITIALS: _____

VIOLATION OF ANY OF THE AFOREMENTIONED RULES OR RULES

**OF THE SHEBOYGAN COUNTY DETENTION CENTER
CAN RESULT IN DISCIPLINARY ACTION SUCH AS:**

- REVOCATION OF HUBER LAW/WORK RELEASE PRIVILEGE
- SEGREGATION
- LOSS OF EARNED "GOOD TIME"
- CRIMINAL PROSECUTION
- LOCK-UP IN DETENTION CENTER
- LOSS OF PRIVILEGES

**REMEMBER HUBER LAW IS A PRIVILEGE, NOT A RIGHT!
ABUSE OF THAT PRIVILEGE CAN LEAD TO ITS LOSS.**

I, _____, HAVE READ THESE RULES AND/OR HAVE HAD THEM EXPLAINED TO ME BY THE UNDERSIGNED OFFICER. I UNDERSTAND THAT MY CONDUCT AS A HUBER LAW/WORK RELEASE INMATE WILL BE GOVERNED BY THEM.

DATE: _____ INMATES SIGNATURE: _____

OFFICERS SIGNATURE: _____

SHEBOYGAN COUNTY DETENTION CENTER

INFORMATION SHEET

LAST NAME: FIRST: MIDDLE:

DATE OF BIRTH: PLACE OF BIRTH: SOCIAL SECURITY #:

OTHER NAMES YOU MAY HAVE GONE BY: HOME PHONE #:

SEX: RACE: AGE: HEIGHT: WEIGHT: HAIR & EYE COLOR:

SCARS, MARKS, TATTOOS AND OTHER DISTINGUISHING FEATURES:

OCCUPATION: EMPLOYER'S NAME & ADDRESS: SUPERVISOR NAME & PHONE #:

NEXT OF KIN: LAST NAME, FIRST, MIDDLE: PHONE #: RELATIONSHIP:

STREET ADDRESS: CITY: STATE: ZIP:

VEHICLE MAKE: MODEL: YEAR: COLOR: STYLE: LICENSE PLATE #:

DRIVER LICENSE NUMBER #: INSURANCE COMPANY / AGENT: EXPIRATION DATE:

IF NOT DRIVING RIDES NAME & PHONE #:

PROBATION OFFICERS NAME:

SHEBOYGAN COUNTY ADULT-DETENTION FACILITY
HUBER / WORK RELEASE PROGRAM
PHONE NUMBER: (920)-459-1300
FAX BUSINESS HOURS (920)-459-1307 AFTER HOURS (920)-459-1310

EMPLOYMENT AGREEMENT

TO THE EMPLOYER:

This agreement is to be completed by the EMPLOYER or an authorized agent and returned to the Sheboygan County Detention Center, by the employee when reporting in to begin his sentence.

If employment is terminated, please notify a Corrections Supervisor at your earliest opportunity. We also request that you notify the Detention Center at 459-1301 if the employee is late, does not arrive, leaves late or is required to work overtime. **THE EMPLOYEE'S PAY CHECKS ARE TO BE SENT DIRECTLY TO THE SHEBOYGAN COUNTY LAW ENFORCEMENT CENTER, 525 North Sixth Street, Sheboygan, Wisconsin 53081.**

PLEASE BRING THIS FORM IN AT THE TIME OF BOOKING. DO NOT FAX.

Name of Employee: _____

Place of Employment: _____ Telephone Number _____

Employer's Address: _____ Fax Number _____

Name of Supervisor: _____

Date of Hire: _____

How Employee is Paid: Weekly Bi-Weekly Monthly Semi-Monthly

Next Date of Pay: _____

Days of Week will be Working: (Please Circle) M T W Th F Sa Su

Hours Employee will be working: Starting Time _____ Quitting Time _____

*** IF HOURS AND/OR DAYS OF WORK VARY, PLEASE PROVIDE A WRITTEN SCHEDULE SIGNED BY EMPLOYEE'S SUPERVISOR***

List Insurance Company and Policy Number
Covering you for Worker Compensation: _____
If none, list NONE

List your I.R.S. Employer ID Number: _____
If none, list NONE

List your Wisconsin Department of Revenue
ID Number: _____
If none, list NONE

SIGNATURE OF EMPLOYER
(OR AUTHORIZED AGENT) & TITLE : _____

DO NOT WRITE BELOW THIS LINE

APPROVED: YES NO Corrections Supervisor _____ Date _____

REASON FOR REJECTION _____

Medical and Mental Health Services

HOURS

Medical Staff – MD, RN & LPN
Monday thru Thursday 7:00 AM – 8:00 PM
Friday 7:00 AM – 9:00 PM

Mental Health Staff – Social Worker
Monday thru Friday – Daily hours vary

* MD at facility one time per week

MEDICAL DIETS AND FOOD ALLERGIES

1. It is your responsibility to let staff know if you have a food allergy or need a medical diet. This request will be evaluated at the time of booking for immediate need.
2. Write a request to the nurse indicating your food allergy and/or need for a medical diet. The medical staff may request medical records to verify the need for a special diet.
3. It is your responsibility to avoid foods you may have an allergy to until a diet can be arranged for you.
4. Meal recipes will not be changed based on food preferences.

SICK CALL

Emergency Sick Call Request

- Direct all *EMERGENCY* medical situations to any correctional staff.

Non-Emergency Sick Call Request

- Complete an **Inmate Request for Health Care** form.
- Contact a corrections officer if you are in need of more request forms.
- Nursing staff will evaluate your request, meet with you, consult the MD and make necessary recommendations for your care.
- Nurse sick call - Monday thru Friday, fee \$5.00
- MD sick call - one time per week, fee \$7.50

Dental Request

- Dental requests are limited to emergency situations only and are approved by the MD on a case-by-case basis

* The Detention Center reserves the right to charge a minimal fee for physician, physician assistant and nurse visits, per Sheboygan County Ordinance. Charges will be submitted to the book keeper and taken out of your canteen account immediately at 100%. Fees will be collected only for services requested by the inmate. Inmates will not be charged for services required by the Sheboygan County Detention Center. No inmate will be denied medical care due to inability to pay or insufficient funds in canteen account.

APPOINTMENTS

Huber release inmates have the privilege of utilizing outside health agencies for medical and mental health care. These appointments must be made according to the guidelines listed below:

1. Appointment cards must be submitted to the medical department 48 hours prior to appointment, not including weekends and holidays.
2. Appointments will be verified with your doctor's office.
3. Appointment cards may be faxed to the facility. Do not have your doctor, friends or family call the facility with dates and times.
4. All requests for outside medical appointments will need to be validated by a nurse or supervisor. You may be charged \$5.00 for a nurse sick call depending on care provided.
5. Working/School Huber Inmates - Appointments may be made before or after work/school.

6. Non-Working Huber Inmates - Appointments must be made on Tuesdays.
7. You will NOT be allowed to leave the facility on your day off or during the weekend.
* **Please alert any staff if a medical need arises.**
8. Appointment dates and times may be changed to fit the above schedule after consultation with your physician.
9. **NOTE** – Inmates are not allowed out for physicals, eye appointments, chiropractor or dental cleanings unless a need has been validated by a nurse or supervisor. These requests are handled on a case-by-case basis.

* You are responsible to pay for all medical, dental, psychiatric and medication bills you incur while at the Detention Center. The Detention Center is not responsible for these bills.

Medications

1. Medications must be turned in at the time of booking, over the counter and prescription.
2. Medications are kept on the medication cart and are given by nurses or correctional staff.
3. Medications will be taken in the presence of a nurse or correctional officer.
4. A visual mouth inspection will be performed after medication has been taken. **NOTE:** Any attempt to check a medication or alter the visual mouth check may result in an alternate method of medication delivery.
5. All medications must be approved by the jail MD. **NOTE:** Narcotics and Benzodiazepines are used on a limited basis in the jail setting. A medical records request will be done to validate the medical necessity of these medications
6. Only medications purchased from canteen are allowed to be kept in your cell. **NOTE:** The medical department may make special arrangements for you to keep other medications/items in your cell.
7. Over the counter medications are not allowed unless they are prescribed by your personal doctor or the jail physician. **NOTE:** Personal bottles of Acetaminophen (Tylenol) and Ibuprofen (Motrin) are not allowed and may be purchased off of canteen.
8. Medications are delivered two times daily, morning and evening. **NOTE:** Some medications may require more delivery times; the medical staff will address these needs on a case by case basis. **It is your responsibility to remind staff of your special medication dosing time.**
9. Stockpiling and/or sharing of a medication is not allowed and will not be tolerated. Both of these offenses are considered major rule violations and will be dealt with accordingly.
10. Inmates that use or are in possession of any medication that has not been approved for their use by the medical staff are in violation of jail rules and may be subject to prosecution.
11. **Do Not** bring a paper prescription needing to be filled to the facility. You must have a pharmacy fill this prior to coming or returning to the facility.
 - a. If you are returning from a medical appointment, have your medications filled before returning to the facility. **NOTE:** You will not be allowed out of the facility to prescriptions filled once you have returned to the facility. A friend or family member will need to pick up the written script and get it filled for you.
 - b. Medications must be turned in, in their entirety. **DO NOT** take any medications prior to returning to the facility. **NOTE:** All medications are subject to jail MDs approval.
 - c. Medication may not be ordered from a pharmacy and delivered to the facility, however special circumstances may exist and arrangements may be made IF

payment has been made prior to the medication arriving at the facility. **NO CASH ON DELIVERY ORDERS WILL BE ACCEPTED.**

- d. Medications may **NOT** be billed to the facility. This cost is your responsibility.
- e. Sample medications are allowed **IF** we are able to verify the dosing instructions with your primary care doctor.
- f. Medications left behind at the facility will be destroyed 30 days after your release date. **NOTE:** It is your responsibility to notify staff you have medications at the time of your release.
- g. Controlled substances that are in storage during your incarceration can only be dispensed by medical staff, Monday thru Friday 7:00 AM – 8:00 PM.
- h. As needed medications are used on a limited basis. It is your responsibility to request any as needed medication. This request needs to be made one hour prior to medication delivery time.

OTHER MEDICAL ISSUES

1. Notify medical staff if you have any medical conditions requiring assistive devices, egg crate mattress, pillow or respiratory equipment.
2. Notify medical staff immediately if you have any wounds, cuts and/or cold or flu-like symptoms.

Questions ???

The Sheboygan County Detention Center is designed to hold minimum security (Huber - Work Release) male inmates, and medium and maximum security male inmates.

A handbook is provided to all inmates housed in the facility. The handbook is to help inmates understand how the jail works and what is expected of them.

A few highlights from the handbook are provided in this brochure for family and relatives of the inmates for informational purposes.

Any questions, feel free to call us at the Detention Center.

*Capt. Karol Salata
Jail Administrator*

Huber/Work Release

Call:
Roy Kluss
Huber Law Officer
(920) 459-1306

Inmate Accounts

Call:
Bookkeeper
(920) 459-0374

**EMP Officer
(Electronic Monitoring)**

Call:
Paul Rickmeier
(920) 459-1303

**Sheboygan
County
Detention Center**

**Huber
Work Release Program**

**2923 South 31st St.
Sheboygan, WI 53081**

Office Hours
Monday - Friday
8:00 a.m. - 4:00 p.m.
(920) 459-1301

Voice-Mail
(920) 459-1300
Fax
(920) 459-1307

Correctional Services

Commissary

- New/Sealed Packaged goods (i.e. toiletries, liquids, snacks, clothing)
- Only cash and money orders for payment. No checks accepted.
- 5 Pairs socks
- 5 Pairs underwear
- 5 T-Shirts (plain colored, no pockets)
- 1 Pair long underwear
- ✓ 5" Comb
- ✓ Toothbrush & toothpaste
- ✓ Bar of soap & deodorant (push-up) (clear plastic container)
- ✓ Body Wash (clear plastic container)
- ✓ Shampoo (clear plastic container)
- ✓ Contact lens solution (no-aerosol)
- ✓ Alarm clock (wind-up or battery)
- ✓ Standard size photos (no Polaroid's)
- ✓ Pencils (no pens)
- ✓ Colored pencils
- ✓ Religious texts (soft covered)
- ✓ Medication (current prescriptions only)

Mail

- In-coming:
 - Non-privileged
 - opened, screened, recorded.
 - Privileged mail opened in presence of inmate.
 - Must have a return address with name.
 - Magazines, books, periodicals only from publishers or book store.
- Out-going:
 - Non-privileged mail screened and recorded.

Phone Calls

- Incoming:
 - Calls and messages to inmates are not accepted.
- Out-going:
 - Between 8:00 a.m. and 10:00 p.m.
 - Collect-Call System (Receiver charged per call.)
 - 15 minutes per call
 - 3-way calls prohibited.

Release

Between 6:00 a.m. and 8:00 a.m.

Visiting

<p>Saturdays A - L Sundays M - Z</p> <p>12:00 p.m. - 2:30 p.m. & 6:00 p.m. - 9:00 p.m.</p>
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- 2 - 20 Minute visits per week.
- Names on inmate's "Visitation List" may visit. Names include family and friends.
- Proof of identification - photo I.D.
- Must be 18 or over except for own children.
- Inmates children under 18 must be accompanied by other parent, or legal guardian.
- No more than 2 visitors per inmate per visitation.
- No articles, mail, etc., accepted.