

# ST. CROIX COUNTY SHERIFF'S OFFICE

1101 Carmichael Road, Hudson, WI 54016

715-381-4320 Fax: 715-386-4606

[www.sccwi.gov](http://www.sccwi.gov)



**Scott L. Knudson**

Sheriff

**Brent Standaert**

Chief Deputy

## Field Services

Investigations, Patrol, Court Services

715-381-4320 Fax: 715-386-4606

## Corrections

Jail, Huber

715-386-4752 Fax: 715-381-4402

## Support Services

Emergency Communications

Emergency Management, Records

715-386-4751 Fax: 715-386-4389

### Future Huber Inmate:

This letter contains important information regarding your Huber sentence. Please read it carefully.

Before reporting to jail to serve your Huber sentence, you **must attend an orientation with a Huber Officer**. Orientations are offered by appointment only, and it is **your responsibility** to schedule this orientation **before** your check-in date.

You are required to bring or mail in the completed **HUBER APPLICATION PACKET** at or before your orientation. If applicable, please also bring your vehicle and insurance information so it can be placed in your file prior to your check-in date.

If you report to jail without completing orientation, you will be required to remain in custody until an orientation is scheduled and completed. **You will not be allowed out for work** until orientation has been completed and your **Judgment of Conviction or a copy of your certified court minutes** is on file.

The following fees are due at the time of booking:

- Serving a **St. Croix County case** you must have **\$380.00**
- Transferring into **St. Croix County from another county** you must have **\$1,220.00**

To schedule your orientation, please contact the Huber Sergeant at **(715) 386-4755**.

Failure to follow these requirements may delay your ability to work while serving your sentence.

Thank you for your cooperation.

Sincerely,

### Huber Sergeant

Joseph Kormanik, Corrections Captain  
[Joseph.Kormanik@sccwi.gov](mailto:Joseph.Kormanik@sccwi.gov)  
715-381-4919

Scott Rhode, Corrections Lieutenant  
[Scott.Rhode@sccwi.gov](mailto:Scott.Rhode@sccwi.gov)  
715-381-4322

Richard Westphaul, Corrections Lieutenant  
[Richard.Westphaul@sccwi.gov](mailto:Richard.Westphaul@sccwi.gov)  
715-386-4749

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## St Croix County Huber/EHM Orientation

### Huber/EHM Rules

Name: \_\_\_\_\_ Sentencing Date: \_\_\_\_\_

\*\*Initial on the line next to each number after you have read and understand the rule\*\*

1. \_\_\_\_\_ By accepting Huber work release privileges, I understand I will be required to submit to one or more of the following: Blood, Breath, Oral Fluid, or Urine testing upon reporting for my sentence.
  - a. If I report to serve a sentence with ANY measurable amount of alcohol, prescription medications, or illegal substances in my system, I will not be allowed to participate in the Huber program until I test negative at the cost of \$6.00 per test.
  - b. Refusal or failure to submit to any of the above, will result in the same disciplinary action as a positive test reading.
  - c. If I am serving a sentence for another county, I will be returned to that county.
2. \_\_\_\_\_ I am on an **absolute sobriety** and NOT to consume any alcoholic beverages, use any illegal substances, or take any medications unless prescribed to me by a medical professional, which may test positive on a blood, breath, oral fluid, or urine test. While on Huber or EHM, I will be required to submit to random viewed: blood, breath, oral fluid, urine, and preliminary breath testing (PBT), throughout my sentence. Any positive tests may result in revocation of my Huber/EHM privileges, loss of good time, and/or an imposed jail sanction.
3. \_\_\_\_\_ I further understand that I have no longer than **4** hours if I am in the jail. If I am on Electric Home Monitoring I have 75 minutes, to submit to the required test listed in item 2 above. Failure to provide a sample in the required time may result in disciplinary actions.
4. \_\_\_\_\_ St Croix County has a \$25.00 serving fee for each sentence. I must pay this to serve. If I am serving a sentence for a county other than St Croix County, I will be charged a one time out of county transfer fee of \$100.00.

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5. \_\_\_\_\_ When I check in to serve my sentence, I must bring a minimum of \$325.00 plus the \$25.00 serving fee. (\$1,220.00 for Out of County Transfer). This can be in the form of cash or a money order. This covers my first 2 weeks of Huber fees and GPS fees.
6. \_\_\_\_\_ I will be charged \$20 per day to be a part of the Huber program, regardless if I go out for work or not for St. Croix County sentenced cases. There is an additional \$60 per day fee for those transferring into St. Croix County to serve from another county for a total of \$80 per day. I agree to charge the GPS device for 1 hour consecutive per day. I must maintain an account balance of no less than \$100 or I may be subjected to disciplinary actions to include but not limited to, loss of good time, imposed jail sanctions, and/or loss of Huber.
7. \_\_\_\_\_ I understand that I shall have a **working phone** to be contacted by the St. Croix County Sheriff's Office while I am out for work or to an appointment. If I fail to maintain contact with the St. Croix County Sheriff's Office I may be subjected to disciplinary actions.
8. \_\_\_\_\_ Per Wisconsin State Statute 303.08(3) I understand I may be required to bring money, my paycheck, as well as my direct deposit slip in with me on EVERY payday. If I have direct deposit, there is an ATM available on the lower level entrance of the Sheriff's Office. The Sheriff's Office can cut checks from your jail money account. To do this, I must put a request in the kiosk which is located in the dorm room of the jail. The request is placed to the FINANCIAL ASSISTANT. Any check request must be submitted at least 48 business hours in advance, this excludes weekends or holidays.
9. \_\_\_\_\_ Per Wisconsin State Statute 175.60, I am NOT allowed to carry a concealed weapon with me while on Huber. I am NOT allowed to bring ANY weapons into the jail. This includes, but not limited to, pocketknives, box cutters, tools, or anything which could be used as a weapon. If brought in with me, it will be confiscated and destroyed.
10. \_\_\_\_\_ St Croix County buildings and property grounds are tobacco free. I am not permitted to bring in any type of tobacco product or lighting material. If brought in with me, it will be confiscated and destroyed.
11. \_\_\_\_\_ No food items will be kept in my lockers. I am not allowed to bring food back to the jail with me from anywhere. Personal hygiene items, make up, hairspray, deodorant, etc. are not allowed in my locker. If any of these items are found in my locker, they will be confiscated and destroyed.
12. \_\_\_\_\_ I will need 2 locks; one for each locker assigned to me. The jail also has locks I may purchase. The lockers are property of St Croix County and are subject to search at any time. If staff is unable to get into my locker, the lock may be cut off and I will be charged for a new one. Lockers are always to remain locked.
13. \_\_\_\_\_ All laundry must be done at the jail. I will need to bring in quarters and purchase laundry detergent off canteen. Laundry costs approximately \$2.00 to wash and dry. Quarters may be purchased from the Huber Deputy.
14. \_\_\_\_\_ I understand that I am not permitted to bring in any additional clothing items in from outside the Jail without receiving authorization from the Huber Sergeant.

15. \_\_\_\_\_ I must report ANY outside police contact. Failure to do so will result in disciplinary action.
16. \_\_\_\_\_ If I drive myself to work, I must submit my valid driver's license information and vehicle(s) insurance information. I further understand that my vehicle is subject to being searched while I am in the Huber/EHM program.
17. \_\_\_\_\_ I understand that anybody who drives me to and from work or appointments must have a valid driver's license. They must submit their valid driver's license information and vehicle insurance information to the Huber Sergeant or Jail Deputies. Each valid driver must fill out and sign an acknowledgment agreeing to not make any unscheduled stops.
18. \_\_\_\_\_ I understand that if the valid driver chooses to make any unauthorized stop(s), I may lose the ability for the individual to be my approved driver and may be held in for the violation.
19. \_\_\_\_\_ I am not allowed in a vehicle or on a bike which does not belong to me or is not an approved driver for me.
20. \_\_\_\_\_ I am not allowed to tamper with, manipulate, mess with, or cut off my GPS. If my GPS gets damaged in any way I am to call the Huber Sergeant right away and report back to the St. Croix County Jail as soon as possible for a replacement GPS. Failure to return will result in disciplinary actions to include but not limited to, loss of good time, imposed jail sanctions, loss of Huber, and/or criminal charges.
21. \_\_\_\_\_ If I travel for work, I understand that I am not permitted to travel outside the Twin City Metro area. To include passed Balsam Lake, Menomonie, Durand or West side of the Twin Cities. I further understand that if I do exit these boundaries, without permission, I will be in violation and could result in disciplinary actions.
22. \_\_\_\_\_ If I am serving for another county, the St Croix County Jail reserves the right to send me back to my sentencing county for any rule violation or disciplinary issue(s). I understand due to the housing needs of the St Croix County Jail, I may be returned to my original county.

### **St Croix County Huber Appointments/Work Schedules**

1. \_\_\_\_\_ I understand that I am allowed out to work up to a maximum of 6 calendar days in a row. I am allowed out up to a maximum of 12 hours per calendar day for employment, treatment, and approved appointments. This **INCLUDES TRAVEL TIME. There will be NO UNAUTHORIZED STOPS.** Unless otherwise authorized.
2. \_\_\_\_\_ There is no work permitted on Holidays unless there is written authorization from your employer 1 week before the holiday, no exceptions. This must be on a company letterhead. If you are self-employed you are not permitted to go out to work these days.

3. \_\_\_\_\_ I will provide the jail a detailed schedule of my work hours and unless approved, I am expected to go straight to and from work. **I further understand that it is my responsibility to provide my signed and completed work schedule to the Huber Sergeant.** Failure to provide a schedule will result in not being allowed out to work until a schedule is turned in. **A schedule must be submitted even if your work hours do not change. You can submit and sign a permanent schedule.**
4. \_\_\_\_\_ All work schedules **MUST** be signed by my Supervisor: **No Exceptions.** All work schedules must be turned in by Thursday for the upcoming weeks. Only 1 schedule change will be allowed per schedule. If I need to fill out a new schedule, I must notify a Huber Sergeant at least 48 business hours in advance and write the words "Schedule Change" on the top of the schedule, this excludes weekends.
- a. Short notice changes will not be approved.
5. \_\_\_\_\_ I understand that I **MUST** immediately report back to the Jail after my scheduled work shift or approved appointment. Failure to do so will result in disciplinary actions, to include but limited to, held in from work, loss of good time, imposed jail sanctions, loss of Huber, and or criminal charges.
6. \_\_\_\_\_ I understand I will only be permitted to make 1 appointment for clothing or work items every other month. You will not be permitted to be in the store for more than 45 minutes.
7. \_\_\_\_\_ I understand I can request a haircut appointment 1 time every 3 weeks.
8. \_\_\_\_\_ If I work out of my home, my home will be searched for firearms, illegal items, and alcohol.
9. \_\_\_\_\_ I am not permitted to fraternize with family members, significant others, or friends at my place of employment, treatment, or approved appointments.
10. \_\_\_\_\_ Copies of my timecards may be asked for and my supervisor will be spoken with. I will be checked on at my place of employment while on Huber.
11. \_\_\_\_\_ Appointment requests must be filled out 48 hours in advance. I must submit appointment requests on the HomeWav Kiosks. Each appointment request must be submitted individually – multiple locations/appointments in one request will be denied.
12. \_\_\_\_\_ Gas station trips will be set on a pre-approved basis for **fuel only**, to a specific gas station of your choosing. Approved stops are permitted for 10 minutes each.
- gas station location: \_\_\_\_\_.
13. \_\_\_\_\_ If my job requires me to change job locations, I shall email Sun Monitoring and specify each job location I am at. This means I will state the time I am leaving and the place I am going to. When emailing, I will need to advise the address, city, and state to: [sunmonitoring@charter.net](mailto:sunmonitoring@charter.net) Failure to call in my job locations may result in disciplinary action.

14. \_\_\_\_\_ Bag lunches are available for me to take to work and breakfast/dinner is available when I return. I will be automatically signed up to receive a bag lunch and/or a breakfast/dinner, unless I decline the meals.
- a. Would you like to receive a bag lunch and bottle of water for Work:  
Circle: **YES** or **NO**: Initials: \_\_\_\_\_
  - b. Would you like to receive a hot meal upon returning from Work:  
Circle: **YES** or **NO**: Initials: \_\_\_\_\_ **Hot Breakfast** **Hot Lunch**
  - c. In addition, if I change my mind later, I shall inform the Huber Sergeant. Furthermore, if you elected a meal you are to ask for it with staff before leaving or when returning from work. If you claim to want a meal and refuse to take it, you may be removed from the roster.
15. \_\_\_\_\_ I understand that I am not permitted to make any stops to pick up food since the Jail provides this.

### **St Croix County Huber Medical**

1. \_\_\_\_\_ All medical care for Hubers will be contracted through Southern Health Partners, the medical provider for the St Croix County Jail. This includes but not limited to: medication prescriptions, new medication orders, mental health, nurse, and doctor visits.
2. \_\_\_\_\_ There will be a one-time set up fee of \$5.00 per medication prescription to administer while I am in jail. If medications are not approved by Southern Health Partners for use in the jail, then they are not approved for my use while I am serving time for the St Croix County Jail while on Huber.
3. \_\_\_\_\_ Medications are distributed 2 times a day at approximately 8:00am and 4:00pm. If I miss the med cart times, it is my responsibility to notify the officer bringing me into the jail I have medication(s) when I leave or return from work.
4. \_\_\_\_\_ The St Croix County Jail, through Southern Health Partners, provides nursing care 7 days a week, as well as a doctor on site every other week. Appointments to see the nurse must be made in advance by filling out an Inmate Sick Call Request on the kiosk. The nurse will determine if a visit with the doctor is needed. The cost to see the nurse is \$5.00 and the cost to see the doctor is \$10.00.
5. \_\_\_\_\_ The St Croix County Jail, through St. Croix County Health and Human Services, offers a mental health therapist during the week at no additional cost. Appointments must be made in advance by filling out an Inmate Sick Call Request on the kiosk.
6. \_\_\_\_\_ If I have any non-emergency medical issues, I must see the in-house nurse or doctor first. They will document if there is a medical need for an outside appointment. I will then be able to make an appointment with a doctor and fill out an appointment slip. I

am responsible for all financial obligations for the outside appointment. If the doctor I am seeing prescribes me a medication, I need to bring the prescription back to the jail with me. The jail medical staff will attempt to approve the medication. Narcotics are not allowed in the St Croix County Jail.

### **St Croix County Huber Child/Family Care Rules**

#### **\*\*Complete only if you are using Huber for Child/Family Care\*\***

1. \_\_\_\_\_ I understand my residence is an extension of the jail and is subject to search at any time while I am there. The search will be conducted by law enforcement.
2. \_\_\_\_\_ I understand the only person(s) allowed at the residence when I am there is the person(s) I am caring for. There may be a short overlap of time for information to be passed between care givers.
3. \_\_\_\_\_ I will be required to plan ahead for errands and appointments by submitting my appointments slip(s) 48 hours in advance and turned in no later than 1:00pm.
4. \_\_\_\_\_ I will turn in a detailed schedule showing the hours the primary care giver is away from the residence. All schedules need to be turned in on Wednesdays or Thursdays by 2:00pm for the following weeks.
5. \_\_\_\_\_ If there is an emergency, I will take care of it and call the jail to advise them of what took place. I will bring back paperwork from the emergency showing the date and times I was there.
6. \_\_\_\_\_ I will have a working land line or mobile phone at the residence.

## EHM IS APPROVED ON A CASE BY BASE BASES

**\*\* To be eligible for Electronic Home Monitoring (EHM) you will be required to complete a separate Agreement for EHM. Furthermore, to be eligible you must reside either in St. Croix County or 15 minutes from the County line in the State of Wisconsin. The housing situation must be approved and there cannot have any victims from your cases residing in the vicinity. Any violation while on EHM may result in you completing your sentence either on Huber from the Jail or having Huber Revoked by the Judge.\*\***

I understand if I am ordered by Jail Staff to report to the Jail, I must do so immediately. I understand failure to report to the Jail as ordered constitutes an escape as defined in Wisconsin State Statute 946.42(3)(A), a class H Felony.

I understand St Croix County will not be held responsible for any personal property which is lost, stolen, considered contraband, or destroyed while I am in custody. I understand it is my responsibility to follow all rules and directives of the St Croix County Jail.

**Failure to follow the above stated rules or Jail rules (located in the Inmate Handbook pg.31) may result in loss of Huber privileges, being held in from work, loss of good time, or criminal prosecution.**

In addition, I understand that I must attempt to contact the Huber Sergeant at the information provided to me before contacting the St. Croix County Jail. If the Huber Sergeant is unavailable and after a reasonable amount of time has elapsed, I may contact the St. Croix County Jail. Furthermore, it is not acceptable to contact the St. Croix County Dispatch Center to reach staff unless it is for emergency purposes.

By signing this form, I acknowledge I have read the rules and regulations for Huber/work release or they have been read to me and I fully understand my obligations.

Name (Printed): \_\_\_\_\_

Date \_\_\_\_\_ Inmate Signature \_\_\_\_\_

Date \_\_\_\_\_ Deputy's Signature \_\_\_\_\_

Copy of agreement provided to Inmate on \_\_\_\_\_



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## APPLICATION

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**In the space provided, give a short explanation as to why you should be eligible for this program:**

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### Employment Information:

Are you self-employed? (Circle one) **Yes / No** Federal Tax #: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Direct Supervisor's Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Hourly wage or salary: \_\_\_\_\_

Weekly work Hours (days/times): \_\_\_\_\_

Day of week you get paid: (circle) M T W TH F SA SU; Weekly / Bi-Weekly Check / Direct Deposit

Joseph Kormanik, Corrections Captain

[Joseph.Kormanik@sccwi.gov](mailto:Joseph.Kormanik@sccwi.gov)

Phone: 715-381-4919

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Phone: 715-381-4322

Richard Westphal, Corrections Lieutenant

[Richard.Westphal@sccwi.gov](mailto:Richard.Westphal@sccwi.gov)

Phone: 715-386-4749

**Employment Information (cont.)**

Does your supervisor work on site with you? **Yes / No** Does your job location vary? **Yes / No**

Explain: \_\_\_\_\_

Does your job take you out of St. Croix County? **Yes / No** (circle one)

Explain: \_\_\_\_\_

**Employment Agreement: Supervisor must read and sign:**

**If employment is terminated, we agree to notify the St. Croix County Jail Huber Office as soon as possible (715)386-4755. We further agree to notify the St. Croix County Huber Office if the employee is late, does not arrive, depart at a time that is different from the schedule or he/she are required to work overtime. Upon request, we will forward copies of any timecards, or payroll records to the St. Croix County Huber office; should further work attendance history be required. We also agree to forward a bi-weekly schedule of employment hours not later than Saturday for the following workweeks. We understand that the inmate is not permitted to work more than 12 hours. Further we agree to forward all earnings for individuals to the St. Croix County Huber Office as required by law. Wage assessments for child support are permitted to come out of the individual's paycheck. Inmate serving less than 14 days must pre-pay all Huber Law board prior to work release.**

**Supervisor's Signature:** \_\_\_\_\_

**Transportation Information:**

Do you have a valid drivers license? **Yes / No** (circle one)

If so, what State is issued it issued from? \_\_\_\_\_

Driver's license #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Is this an Occupational License? **Yes / No** (circle one)

If so, what is your legal driving hours and purposes? \_\_\_\_\_

\_\_\_\_\_  
If you do not have a valid drivers license answer the below questions.

Do you have transportation to and from work or approved appointments? **Yes / No** (circle one)

Explain: \_\_\_\_\_

Provide the name of you driver: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is this person a valid driver and has current vehicle insurance? **Yes / No** (circle one)

**\*\*Note:** Anyone that is to transport you to and from work and/or approved appointments must have a valid driver license and current insurance on the vehicle(s). This individual must also complete a separate vehicle information and driver information document and agree to the terms or they are not approved for transportation. Copies of drivers' licenses and insurance cards are required. If your ride makes unapproved stops, they will no longer be permitted as a form of transportation. \*\*

**Criminal History Information:**

What is your Court case number(s)? \_\_\_\_\_

What are your current charges/convictions? \_\_\_\_\_

What is the length of your sentence? \_\_\_\_\_

Do you have pending charges? **Yes / No** List charges & Jurisdictions: \_\_\_\_\_

Alcohol related offense: **Yes / No**

IID install date: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

Are you currently on probation/parole? **Yes / No** (circle one)

Agents name: \_\_\_\_\_ Phone number: \_\_\_\_\_

If the answer above is "yes", what charges are you on probation/parole for: \_\_\_\_\_

Have you ever been convicted of a domestic abuse charge? **Yes / No** (circle one)

If yes, when? \_\_\_\_\_

Who is the victim? \_\_\_\_\_

Have you ever been charged with a crime against a person? **Yes / No** (circle one)

If yes, explain: \_\_\_\_\_

Do you have, or have you ever had any restraining orders / injunctions against you? **Yes / No**

If yes, explain? \_\_\_\_\_

Have you ever been charged with obstruction/resisting an officer? **Yes / No** (circle one)

If yes, explain: \_\_\_\_\_

List any additional currently open cases or previous criminal history. Include the following: Case number(s), Charge(s) / Conviction(s), Jurisdiction(s), Date(s), upcoming court date(s), (use the back of this sheet or separate sheet of paper if necessary): \_\_\_\_\_

\*\* Failure to notify the Huber Deputy of any open cases could result in being taken out of the Huber program. If there are open case(s), we will discuss where you are at with them and decide on the next steps you will need to take. \*\*

**Child/Family Care:**

Are you eligible for child and or family care? **Yes / No** (circle one) If yes, complete the information below in this section.

Name of person(s) living with (use back of sheet if necessary):

Name	DOB	Relationship
_____		
_____		
_____		
_____		

Address where child/family care will take place: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Time needed for travel: \_\_\_\_\_ Hours at this location: \_\_\_\_\_ to: \_\_\_\_\_

Name of individual currently taking care of child(ren): \_\_\_\_\_

Contact number for this individual: \_\_\_\_\_

Place of employment and work hours for this individual: \_\_\_\_\_

Is anyone living in the residence on probation/parole? **Yes / No** (circle one)

If yes, list their name(s): \_\_\_\_\_

Are there weapons kept in the home (i.e. guns, knives etc.) **Yes / No** (circle one)

If yes, these items need to be removed before permission is granted.

Are there any special circumstances? **Yes / No** (circle one) If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

**Additional Information:**

Are you ordered to pay child support? **Yes / No**

When are the payments due? \_\_\_\_\_ How much is the payment: \$ \_\_\_\_\_

Do you have any disabilities or special medical needs? **Yes / No** (circle one) If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medications? **Yes / No** (circle one) Doctor: \_\_\_\_\_

Name of Medication(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have regularly scheduled appointments besides work (i.e. treatment, counseling, school, etc.)? **Yes / No** (circle one) Explain: \_\_\_\_\_

\_\_\_\_\_

I agree that the above information is true and accurate to the best of my knowledge. Any information that I provide that misleads the St. Croix County Sheriff's Office, will result in me being disqualified from the program and will result in disciplinary actions against me.

I also understand that by completing this application DOES NOT guarantee that I will be accepted into the Huber and or Electronic Home Monitoring program.

**Inmate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\* Important, employers and other references will be contacted to verify the legitimacy of the above provided information. If your employer has not yet been made aware of your charges or sentencing requirements, please do so before contact is made with them for verification. If you have any questions, please contact the Huber Deputy at 715-386-4755.\*\*

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### HUBER/FURLOUGH – CONSENT TO STRIP SEARCH

To be eligible for Huber privileges or furloughs, inmates must consent to being strip searched to prevent any introduction of contraband and/or weapons into the St. Croix County Jail. I consent to strip searches, which may include - body cavity searches (digital/instrument intrusion search), each time I return. Strip searches are conducted pursuant to St. Croix County Jail Policy and Procedure #207 – Searches and Wisconsin State Statute § 968.255.

Huber Inmates may refuse to consent to strip searches at any time. However, action will be taken to have my Huber privileges revoked. Inmates requesting furlough must consent to a strip search or the furlough will be denied.

☐ **HUBER INMATE:** I \_\_\_\_\_, hereby give my consent to be strip searched in accordance with the St. Croix County Huber Program. I understand as a part of the St. Croix County Huber Program, I will be strip searched each time I return to the St. Croix County Jail to ensure security, order, and control. I further understand the strip search may include a body cavity search (digital/instrument intrusion search) upon Jail Administration approval.

☐ **FURLOUGH INMATE:** I \_\_\_\_\_, hereby give my consent to be strip searched, upon my return to the St. Croix County Jail, from my approved furlough. I understand I will be strip searched when I return to the St. Croix County Jail, to ensure security, order, and control. I further understand the strip search may include a body cavity search (digital/instrument intrusion search) upon Jail Administration approval.

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Joseph Kormanik, Captain  
[Joseph.Kormanik@sccwi.gov](mailto:Joseph.Kormanik@sccwi.gov)  
Phone: 715-381-4919

Scott Rhode, Lieutenant  
[Scott.Rhode@sccwi.gov](mailto:Scott.Rhode@sccwi.gov)  
Phone: 715-381-4322

Richard Westphal, Lieutenant  
[Richard.Westphal@sccwi.gov](mailto:Richard.Westphal@sccwi.gov)  
Phone: 715-386-4749

# ST. CROIX COUNTY SHERIFF'S OFFICE

1101 Carmichael Road, Hudson, WI 54016

715-381-4320 Fax: 715-386-4606

[www.sccwi.gov](http://www.sccwi.gov)



**Scott L. Knudson**

Sheriff

**Brent Standaert**

Chief Deputy

## Field Services

Investigations, Patrol, Court Services

715-381-4320 Fax: 715-386-4606

## Corrections

Jail, Huber

715-386-4752 Fax: 715-381-4402

## Support Services

Emergency Communications

Emergency Management, Records

715-386-4751 Fax: 715-386-4389

## ST CROIX COUNTY HUBER VEHICLE INFORMATION

**Huber Inmate Name:** \_\_\_\_\_

**Driver's License Information** \*A copy of your valid driver's license must be submitted along with this form\*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License Number, State, and Expiration: \_\_\_\_\_

### **Vehicle Information**

License Plate Number and State: \_\_\_\_\_

Make, Model, Year, and Expiration Date: \_\_\_\_\_

Color of Vehicle: \_\_\_\_\_

Name of person vehicle is registered to: \_\_\_\_\_

**Insurance Information**\*A copy of the valid vehicle insurance card must be submitted along with this form\*

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiration date of policy: \_\_\_\_\_

**By signing this form I acknowledge that I will not make any unauthorized stops. I will bring the huber inmate straight to work and/or straight to the jail.**

**Driver Signature:** \_\_\_\_\_

Joseph Kormanik, Corrections Captain  
[Joseph.Kormanik@sccwi.gov](mailto:Joseph.Kormanik@sccwi.gov)  
715-381-4919

Scott Rhode, Corrections Lieutenant  
[Scott.Rhode@sccwi.gov](mailto:Scott.Rhode@sccwi.gov)  
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## Frequently Asked Huber Questions

### What Can I bring with me to Jail:

- ❖ Up to seven (7) pairs of jeans/pants/skirts/shorts
- ❖ Up to seven (7) sweatshirts/long sleeve shirts
- ❖ You are allowed to have a reasonable amount of under garments (such as underwear, socks, bras, and t-shirts.)
- ❖ You may have two (2) jackets
- ❖ You may have two (2) pairs of shoes/boots
- ❖ One winter hat and winter mittens/gloves
- ❖ Please keep in mind you have a full sized "school size" locker and a small storage tote in which all your stuff is to be stored
- ❖ You must bring your own battery operated alarm clock. Alarm clock CAN NOT have a radio or cord

### What you are NOT allowed to bring to jail:

- ❖ You are not allowed to bring in hygiene items. This includes makeup. The only exception is a sealed box of contact solution and a new contacts case
- ❖ You are not allowed to bring in any type of tobacco, alcohol, or illegal substances
- ❖ You are not allowed to bring in over the counter pain medications or prescription medications which have not been approved by the jail medical staff
- ❖ You are not allowed books, magazines, or other reading materials. Library is offered on Sunday afternoon.

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