

ST. CROIX COUNTY SHERIFF'S OFFICE

1101 Carmichael Road, Hudson, WI 54016

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

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

WORK RELEASE TRANSFER IN PAPERWORK

INMATE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE#: _____ CELL PHONE #: _____

REQUEST TO TRANSFER FROM: _____ TO ST. CROIX COUNTY

SENTENCING CHARGE: _____

#OF DAYS TO SERVE: _____

EMPLOYER: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SUPERVISOR: _____

I UNDERSTAND THAT MY ACCEPTANCE AS A HUBER TRANSFER IS CONDITIONAL AND THAT SUCH STATUS MAY BE TERMINATED WITH OR WITHOUT CAUSE. FURTHERMORE, I UNDERSTAND THAT IF MY STATUS AS A TRANSFER TO ST. CROIX COUNTY FROM ANOTHER COUNTY IS TERMINATED, I WILL RETURN TO THE ORIGINAL SENTENCING COUNTY. I ALSO UNDERSTAND THAT AT THE TIME OF MY INITIAL TURN IN AND FOR MY ENTIRE SENTENCE, **I WILL BE 100% SOBER AND COMPLETELY DRUG FREE.**

INMATE SIGNATURE: _____ DATE: _____

I WILL _____ WILL NOT _____ ACCEPT THE INMATE AS A TRANSFER.

AUTHORIZED BY: **Sergeant Naomi Sieben**

DATE AND TIME OF CHECK IN:

SPECIAL INSTRUCTIONS:

DATE: _____

FEES NEEDED UP FRONT **\$1,120 + \$100 TRANSFER FEE**

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715-381-4919

Scott Rhode, Corrections Lieutenant
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715-381-4322

Richard Westphaul
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