

# 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

### **WORK RELEASE TRANSFER OUT PAPERWORK**

INMATE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE#: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

REQUEST TO TRANSFER FROM ST. CROIX COUNTY TO: \_\_\_\_\_

SENTENCING CHARGE: \_\_\_\_\_

#OF DAYS TO SERVE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_

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 FROM ST. CROIX COUNTY TO ANOTHER COUNTY IS TERMINATED, I WILL LOSE MY HUBER PRIVILEGES FOR THE REMAINDER OF MY SENTENCE. 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: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE AND TIME OF CHECK IN \_\_\_\_\_ FEES NEEDED UP FRONT\$ \_\_\_\_\_

SPECIAL INSTRUCTIONS:

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