

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

St. CROIX COUNTY JAIL – HUBER TRANSFER OUT HUBER FAX NO. 715-381-4427 Email: Huber@sccwi.gov

Inmate Name: _____ DOB: _____ Case: _____

Serving County Fax NO. _____ Report Date: _____

The above inmate has requested to be placed on the Huber program through your County Jail. The Inmate is required to make arrangements with your County to be placed on Huber through your Huber Program.

The Inmate is requesting that he/she be placed on Huber under the following conditions:

1. There will be no charge to St. Croix County or the St. Croix County Sheriff's Office.
2. The County Jail in which he/she serves the sentence in will agree to place the inmate in their Jail, or if approved Electronic Home Monitoring (EHM), either on **HUBER** or as a **General Population** Inmate (circle one).
3. The Inmate will pay all appropriate fees to the County Jail in which he/she is serving the sentence.
4. The Inmate will be required to provide a urine sample at the St. Croix County Jail on the date they report to serve their sentence. The individual must test negative for all substances, before they will be approved for the transfer.
5. The Inmate will abide by all the rules of the County Jail in which he/she is serving in.
6. If the Inmate violates any rule(s) or conditions of the County in which he/she is serving in and they do not want the Inmate to remain in their custody, St. Croix County will transport the Inmate to St. Croix County or authorize the release of the Inmate to make their own transportation arrangements directly back to the St. Croix County Jail (depending on if Huber status still applies).
7. St. Croix County will provide a copy of the Judgement of Conviction. Indicating the Inmate is able to serve in the County accepting the transfer.
8. St. Croix County will provide a sentence computation/calculation document with the release date to the County in which the Inmate will serve the sentence.
9. If serving on an OWI conviction the inmate shall be required to sit the first 48hrs in Jail. If the County in which they are being transferred to is not housing inmates in custody for the 48hrs in their Jail the Inmate is required to sit this time in St. Croix County.
10. The Inmate will be instructed to make arrangements for a definitive check in date/time with the accepting County. The date must abide by the terms given on the Judgement of Conviction.

The undersigned representative of the County Jail agrees to accept the above name(s) Inmate into the Huber and or Electronic Home Monitoring program under the terms of this agreement.

Date and time the Inmate is required to report: _____/_____/_____

County of Acceptance and Representative

Date

Print Name

Title or Position