

CALUMET COUNTY JAIL

206 Court Street

Chilton, WI 53014

Phone: 920-849-1447/Fax: 920-849-1489

Website: www.co.calumet.wi.us

HUBER/ WORK RELEASE RULES AND REQUIREMENTS

Prior to reporting to the jail to serve your sentence, you must complete the following forms and/or bring in the required information:

1. Work Information Form
2. Work Schedule on Company Letterhead
3. Self Employed Daily Itinerary Form

Reporting to the jail without properly completing these forms may delay your release for work until the information is obtained and verified.

Inmates must report to jail sober. Failure to do so will delay your release for work.

A complete list of necessary and/or allowable clothing, hygiene and other items can be found below. Hygiene items and makeup must be new and sealed in a company brand package. Replacement items/products must be purchased from the Jail Commissary. Any non-approved items will not be allowed to enter the jail and will be disposed of.

As a Huber/Work Release Inmate, you are subject to the conditions and rules imposed by the court, as well as all the general rules of the facility and discipline of the sheriff/designee. It is your responsibility to become familiar with the rules and regulations of the Huber facility. It is a privilege to be allowed to stay in the Huber facility.

EARNINGS AND DISBURSEMENTS:

All inmates earnings, including unemployment compensation and unemployment training benefits, must be turned over to the on-duty correctional officer for deposit. All cash earnings and payroll checks must be accompanied by a statement of earning and hours worked (check stubs, etc.). Payroll checks must be endorsed by the payee.

Your money will be paid out as required by Section 303.08(3) of the Wisconsin Statutes, (1) the cost of your board as set by the Calumet County Board of Supervisors, you must maintain a balance in your account to cover your Huber board from paycheck to paycheck; (2) medical expenses; (3) necessary travel and other incidental expenses. This will include an allowance of one check per week; (3) court ordered obligations, (4) payment of bills.

A disbursement book will be made available to you by the on-duty correctional officer from 8:00 p.m. on Tuesday to 8:00 a.m. on Wednesday. The disbursement request(s) must be filled out neatly, completely, and legibly to be considered. The disbursement request(s) will be placed in the labeled holder in the Huber dorm and will be collected by the on-duty correctional officer at approximately 8:00 a.m. on Wednesday. The disbursements will be provided as soon as feasible (depending on the availability of the jail sergeant or secretary).

Inmates will be charged a fee to be determined by the bank for any lost, stolen, or stop payment checks. Inmates will be charged a twenty-five (\$25.00) fee by the jail plus any fees incurred by the bank for any voided or incorrectly issued checks.

The balance of a Huber/Work Release account will be returned to said Huber/Work Release Inmate upon release.

If you have any questions about the disbursement process, please ask a correctional officer.

ROOM AND BOARD:

All Calumet County Huber/Work Release Inmates who have been sentenced to fifteen (15) days or less, serving consecutive weekends, or those who will not receive a paycheck during their sentence, shall pay their Huber room and board in advance.

Huber transfers must pay two week's room and board in advance as a condition of acceptance as a transfer. A \$15.00 administrative fee is also required.

The Calumet County Jail is not responsible for lost, missing or stolen property.

WORK REQUIREMENTS:

Huber/Work Release Inmates who are serving in the Calumet County Jail are to meet the requirements listed below. If they do not meet these requirements, they will **NOT** be let out for work.

- Complete employment info sheet
- Provide a letter from employer on company letterhead with work hours
- If inmate has court ordered childcare, they must complete the childcare sheet
- Provide a valid driver's license of inmate or inmate's driver(s)
- You cannot change your transportation without approval from correctional staff
- Provide valid proof of insurance for inmate or inmate's driver(s)
- Provide valid motor vehicle registration for inmate or inmate's driver(s)
- Self-employed Hubers must have proof of State and Federal Tax Identification
 - Required to pay at least 2 weeks room and board in advance and booking fee.
 - Must provide a written itinerary before each work day.
 - Change of job site, must contact the correctional staff.
- For OWI convictions –
 - Must be in compliance with Operating While Under the Influence of an Intoxicant or other drug assessment and driver safety plan
 - Proof of interlock being installed into vehicle within 2 weeks of being in jail
- Must earn at least minimum wage for hours worked
- Must work at primary job only
- Inmates are allowed to work 6 days per week, no more than 12 hours per day including travel time and court ordered childcare

Inmates will be released from the facility by the corrections staff in a reasonable amount of time to report to work. A Huber must have advanced approval by the corrections staff if riding with another Huber. It may be considered if they work at the same employer and have same hours.

Hubers will not be allowed to work (including childcare) on legal holidays unless there is an appropriate written request from their employer and approval is received by the jail sergeant at least 72 hours prior to the requested shift. No work on Christmas, Thanksgiving, Easter, New Years Day, 4th of July, Memorial Day and Labor Day.

Overtime when required:

- Supervisor must contact the jail prior to normal quitting time
- Written notification from employer must accompany inmate back to jail
- If overtime for a future date is scheduled, a letter from supervisor on company letterhead must be submitted in advance.

Meals will be served to Huber/Work Release Inmates if they are in jail at mealtime. During hours away from jail, inmates will be provided with a bag lunch. Inmates will be given a bag lunch for the meal(s) that occur during their time of work. All lunches will be consumed at the place of employment. Inmates are not allowed to leave their place of employment or worksite for a break or lunch.

WORK SEARCH:

The jail will not assist inmates with work search if you are sentenced to 30 days or less. It is your responsibility to do so before your report date. Work search will only be approved after 30 days of incarceration.

CLOTHING:

Inmates shall make a complete change of clothing, including socks and underwear prior to entering or leaving the Huber dorm. Underwear and socks worn for work will not be allowed into the Huber dorm and underwear and socks worn in the dorm must remain in the dorm when the inmate leaves for work. Huber/Work Release inmates are required to have two sets of cloths, including underwear and socks; one set for work and another set for the dorm.

PROPERTY ALLOWED IN THE HUBER DORM

You may bring the following items with you when you report to the jail. It must be new and in the original package. No items other than the following will be allowed into the Huber dorm, replacement items/products **must** be purchased through the Jail Commissary.

- One toothbrush
- One tube of toothpaste
- One bottle of shampoo (CLEAR BOTTLE ONLY)
- Three plastic one piece disposable razors
- One can of shaving cream
- One comb or hairbrush (no metal)
- One bar of soap
- One stick of deodorant
- One pair of gym shorts without drawstring (no pockets, no printing on front or back must be a solid color no red).
- Three white brassieres for dorm (women only, no under-wire)
- Five pair of white underwear for dorm
- Three white T-shirts (no pockets, no printing on front or back, must include sleeves)
- Five pair white socks for dorm
- One white sweatshirt (no pockets, hoods or zippers)
- One plastic soap dish
- Two small hair bands
- One alarm clock (wind-up only)
- Two pencils without eraser
- One tablet of writing paper (no spiral bound)
- Five embossed envelopes (no loose stamps)

- One box sanitary napkins/pads (women only, sealed in company brand package 20 count maximum)
- One pair of white thermal top and bottom underwear (no pockets, no printing on front or back, must have sleeves)
- Bible or Koran (soft cover only)
- Wedding band (W/no stones)
- Three (3) photos - photos deemed inappropriate will be held in safekeeping and returned to you upon release.
- One (1) pair of prescription eyeglasses and/or one (1) pair of contact lenses, one (1) contact carrying and one (1) container of saline solution provided it is in a sealed, company brand container.
- Dentures
- Hearing aids
- Religious medallion, providing it does not present a security risk, shall be worn under the Inmates T-shirt/uniform at all times and no larger than 1" in diameter.
- Legal materials
- A single page paper calendar (not to exceed 8 x 10)

ALLOWABLE WORK CLOTHING AND RELATED ITEMS

The following items are not allowed in the Huber dorm but may be kept in your changing room locker for use at work:

- Five changes of work clothes
- One pair of shoes and/or boots
- One seasonal jacket or coat
- One pair of seasonal gloves
- One hat or cap
- Three brassieres for work (no under-wire)
- Five pair underwear for work
- Five pair thermal underwear for work
- Five T-shirts for work
- Five pair of socks for work
- Rain gear (may include a small umbrella)
- Makeup items: 1 eye shadow, 1 mascara, 1 eyeliner, 1 foundation (women only, no glass containers or mirrors) (All brand new)
- A minimum amount of cash may be kept in your assigned locker in the changing room.
- No purses are allowed.

BEDDING:

Inmates will be provided:

One (1) Towel Two (2) Sheets
 One (1) Washcloth Two (2) Blankets

Upon release inmates will be responsible to turn in all bedding provided to them at booking. Any items missing or damaged will be paid for by the inmate.

PERSONAL BUSINESS:

Inmates who have a sentence of 30 days or less will not be able to leave the facility to conduct personal business. All other inmates will be able to conduct staff approved shopping on the third Friday of the month by filing out an ICF form in a timely manner as outlined in that section.

Short personal stops (i.e. banking, gas, etc.) can be accomplished by asking the on duty officer at the time the inmate leaves or calling the jail for permission before you leave from your authorized location. Receipts shall be provided to the on-duty officer upon return from any authorized stop/shop.

A funeral for an immediate family member must be discussed with a jail supervisor and will require documentation before attendance is considered.

Attending a funeral will only be considered for immediate family.

HUBER LAW/ WORK RELEASE EMPLOYMENT INFORMATION

INMATE NAME: _____ DATE: _____

This section must be completed by your employer before reporting to start your jail sentence. Failure to do so will delay you in going to work until the correctional staff has the opportunity to obtain and verify the information.

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE NUMBER: _____

NAME OF SUPERVISOR: _____

EMPLOYMENT HOURS: _____ RATE OF PAY: _____

HOW OFTEN PAID: _____ DAY OF WEEK PAID: _____

SIGNATURE OF COMPANY REPRESENTATIVE: _____

Correctional Officer Verifying: _____ Date/Time: _____

TRANSPORTATION INFORMATION:

Will you be driving your own vehicle? YES/NO

If yes, list vehicle license number: _____

If no, list means of transportation: _____

DRIVER'S NAME: _____

DRIVER'S ADDRESS: _____

DRIVER'S PHONE NUMBER: _____

VEHICLE LICENSE NUMBER: _____

All multiple drivers or any change of transportation must be recorded on the reverse side with the authorizing correctional officer's initials and date.

Department Use Only:

10-28 on file: _____ 10-27 on file: _____ Vehicle liability insurance on file: _____

Comments: _____

Alcohol Assessment Complied With? Yes _____ No _____

Correctional officer verifying above information: _____

Reporting to the jail without properly completing these forms or providing proof of alcohol assessment may delay your release for work until the information is obtained and verified.

HUBER/ WORK RELEASE (SELF EMPLOYED) DAILY ITINERARY

INMATE NAME: _____ DATE: _____

PLACE OF JOB SITE: _____

ADDRESS: _____

PHONE NUMBER: _____

ESTIMATED TIME OF ARRIVAL: _____ A.M./P.M.

ESTIMATED TIME OF DEPARTURE: _____ A.M./P.M.

PLACE OF JOB SITE: _____

ADDRESS: _____

PHONE NUMBER: _____

ESTIMATED TIME OF ARRIVAL: _____ A.M./P.M.

ESTIMATED TIME OF DEPARTURE: _____ A.M./P.M.

PLACE OF JOB SITE: _____

ADDRESS: _____

PHONE NUMBER: _____

ESTIMATED TIME OF ARRIVAL: _____ A.M./P.M.

ESTIMATED TIME OF DEPARTURE: _____ A.M./P.M.

PLACE OF JOB SITE: _____

ADDRESS: _____

PHONE NUMBER: _____

ESTIMATED TIME OF ARRIVAL: _____ A.M./P.M.

ESTIMATED TIME OF DEPARTURE: _____ A.M./P.M.

Failure to be at the indicated locations will result in loss of Huber Release Privileges.

HUBER LAW FAMILY/ CHILDCARE INFORMATION SHEET

INMATE NAME: _____ DATE: _____

1. NAMES OF CHILDREN BEING CARED FOR	AGE
_____	_____
_____	_____
_____	_____
_____	_____

2. ADDRESS WHERE CARE WILL OCCUR _____

LAND LINE PHONE NUMBER AT THIS ADDRESS _____

_____ 3. Provide Copies of Children's Birth Certificate noting the inmate is a parent of the child.

_____ 4. If applicable, provide copy of a Court Order indicating the inmate has custody of the child or is the legal guardian of the child.

_____ 5. Provide proof that the requested family/childcare is necessary. Such proof will consist of the following:

_____ • A letter submitted by the inmate's spouse or family member indicating the requested care is necessary, that the inmate had provided the necessary care in the past, and why another family member is unable to provide such care.

_____ • If the request is for childcare, provide a copy of your spouse's work schedule submitted on company letterhead.

6. TIME OF REQUESTED CARE (HOURS) _____ M TO _____ M

TRANSPORTATION INFORMATION:

Will you be driving your own vehicle? YES/NO

If yes, list vehicle license number: _____

If no, list means of transportation: _____

DRIVER'S NAME: _____

DRIVER'S ADDRESS: _____

DRIVER'S PHONE NUMBER: _____

VEHICLE LICENSE NUMBER: _____

All multiple drivers or any change of transportation must be recorded on the reverse side with the authorizing correctional officer's initials and date.

Department Use Only:

10-28 on file: _____ 10-27 on file: _____ Vehicle liability insurance on file: _____

Comments: _____

Alcohol Assessment Complied With? Yes _____ No _____

Correctional officer verifying above information: _____

Reporting to the jail without properly completing these forms or providing proof of alcohol assessment may delay your release for work until the information is obtained and verified.

CALUMET COUNTY VISITING LIST

INMATE NAME: _____ DATE: _____

NAME Last, First, MI	ADDRESS	GENDER	DATE OF BIRTH	PHONE #	RELATIONSHIP

-TOTAL OF 8 VISITORS-FAMILY, NON-FAMILY, CHILDREN

-VISITORS INFORMATIONS NEEDS TO BE **COMPLETELY** FILLED OUT OR VISITOR WILL BE DENIED.

-CAN ONLY CHANGE THE LIST THE FIRST TUESDAY OF EVERY MONTH BY PUTTING AN ICF IN AND ASKING FOR A VISITING LIST.

-ONLY 3 VISITORS AT A VISIT-FIRST COME, FIRST SERVED

-ALL VISITORS UNDER THE AGE OF 18 MUST BE ACCOMPANIED BY AN ADULT, DEEMED APPROPRIATE BY THE CORRECTIONS STAFF.

RECEIVING/ENTRY OFFICER: _____ DATE: _____