



JUNEAU COUNTY SHERIFF'S OFFICE

200 Oak Street • Mauston, WI 53948 • (608)847-5649 • Fax: (608)847-9401

BRENT H. OLESON, SHERIFF, CRAIG H. STUHLIK, UNDER SHERIFF

Dear Sir/Madam,

You have received a Huber sentence to be served within the Juneau County Jail. Huber sentences are designed to assist those individuals that are gainfully employed to maintain their jobs, if attending school to continue their education, or to assist their spouse, significant other, or family member with child or adult care while serving a jail sentence.

On your assigned report date and time, please report to the Juneau County Jail. You will enter the jail at the rear of the Juneau County Justice Center. Look for the door labeled, "Jail". Failure to report on your scheduled date **and** time may result in jail discipline and/or a referral to the District Attorney's Office for Failure to Report to Jail, (WI Statute 946.425).

DO NOT REPORT UNDER THE INFLUENCE OF ALCOHOL OR DRUGS! Each reporting Huber inmate will be tested for alcohol and drug use. Any positive test upon entry into the Juneau County Jail will result in, at a minimum, of two days loss of goodtime or work. You may also be held in from work until a negative drug test can be provided. Any future rule offenses will result in your Huber being revoked.

Following is a quick reference guide to help simplify the Huber Application Process. The areas below must be completed and turned into the Juneau County Huber Lieutenant no later than **10 DAYS** before your scheduled report date. **FAILURE** to turn the required information in may result in loss of work/school/family care time while your information is being verified.

TB SKIN TEST: This test is required **BEFORE** you report for your Huber Sentence. You can schedule the test with your local physician, through the Juneau County Health Department or the jail nurse. Please bring a copy of the test results with you when you report to jail. If you fail to complete the test **BEFORE** you report to jail, you will be held in from work on the day you receive the test and again on the day the test is read. You are responsible for all costs associated with the test.

MEDICATIONS: If you are taking any prescribed medications, they will need to be called in to **Phillips Pharmacy** in Mauston. Their telephone number is (608) 847-5949. Please tell the pharmacist that the medications need to be delivered to the Jail and give the date they should be delivered. As a Huber Inmate, **YOU** are responsible for the cost of all medication prescribed to you while you are serving your sentence. Under **NO** circumstance will a reporting Huber bring medication to the jail unless it has been pre-arranged and approved through medical. Please call (608) 847-9559 for further assistance.

MEDICAL APPOINTMENTS: All medical appointments will be verified by Juneau County Jail Staff. In order for a Huber Inmate to attend a medical appointment, they will need to provide the Juneau County Jail Staff with an appointment card. The appointment card must include the name, address, and telephone number of the medical professional and the date and time of the appointment. If you are a non-working Huber, you will be escorted to your medical appointment. All Hubers, working and non-working, are responsible for the cost of all medical care.

HUBER FEES: All working Huber Inmates are **REQUIRED** to pay two weeks of Huber Fees in advance plus a Booking Fee of \$25, or \$235. Child/Adult care would be \$150.00, plus a Booking Fee of \$25, or \$175.

HUBER PACKET: The Huber Packet must be turned in within **10 DAYS** before your scheduled report date. The following information must be included with the Huber Packet: A work schedule on company letterhead, Certificate of Workman's Compensation Insurance from your employer's insurance carrier, proof of vehicle registration and insurance for anyone who may be driving you to and from work, including yourself, and a photo copy of the person(s) driver's license who will be providing you with transportation, including yourself.

ITEMS TO BRING WITH YOU TO JAIL. Please read your Huber Packet for this information.

REQUESTING TRANSFER TO ANOTHER COUNTY: If you would like to transfer to another agency to serve your Huber Sentence, please contact the Huber Lieutenant at (608)847 - 9418 to start the process.

Please realize that Huber/Work Release is a **PRIVILEGE** and may be **REVOKED** if rules and regulations are not followed. While in custody, you are expected to follow all of the Jail/Huber/Work release rules. These rules have been set forth to maintain proper custody and control and to ensure the safety of the Jail Staff and Inmate population. Upon reporting to the Juneau County Jail you will receive jail and Huber rules.

PLEASE RETURN ALL OF THE ATTACHED SHEETS TO THE JUNEAU COUNTY JAIL (10) DAYS PRIOR TO STARTING YOUR COMMITMENT. Failure to do so may cause you to lose valuable time since you will not be able allowed out for work until your employment and other information is verified. You must supply your employer's name, copy of your work schedule and phone number for verification and approval.

For your **employer to qualify**, the following criteria must be met: State and Federal Tax ID Number, proof of Workman's Compensation Insurance and other pertinent information. You must be paid by check with a check stub attached. The number of hours worked, hourly rate of pay, state, federal, FICA, gross and net wages should be printed on the check stub.

SELF-EMPLOYED: You must show that you have a legitimate business by providing us with a wage statement reflecting the hours worked with the proper deductions taken out along with proper tax identification numbers and **proof of Workman's Compensation Insurance or Liability Insurance.** Self-employed individuals must also provide the jail with a copy of the previous year's tax return. Failure to disclose this information will greatly decrease your chance of self-employment while in the jail.

Students must show current class schedule and other pertinent information.

Child Care: You must provide copies of your children's birth certificate and proof of custody, school schedules, and the work schedule for all other Adults residing in the home, their supervisor, when the child care will be preformed and other pertinent information. You may be allowed out for a maximum of 10 hours for child care per day, not to exceed six days per week.

Adult Care: You must provide the jail with a physician's written request explaining why it is necessary for you to provide adult care (A note from a physician asking for adult care will not work.). Adult care will only be allowed for an immediate family member, i.e. mother, father, sibling or grandparent. You may be allowed out for a maximum of 10 hours for adult care per day, not to exceed six days per week.

Inmates with Work Release as a **Condition of Probation** will be subject to follow the jail rules along with your conditions of probation.

Attached are a copy of the items that will be **ALLOWED** into the jail, and a copy of the Huber rules. You must arrive at the jail **ALCOHOL AND DRUG-FREE.** You will be held in the jail for the first forty-eight (48) hours of your commitment. Upon completion of the HUBER PACKET and verification of all your information, and after forty-eight (48) hours, you will be allowed to go out to work, child/adult, or school.

If you have any questions regarding your commitment, please contact the Huber Lieutenant at the Juneau County Jail (608) 847-9418.

Professionally,

Brent H. Oleson, Sheriff
Juneau County Sheriff's Office

JUNEAU COUNTY SHERIFF'S OFFICE
JUNEAU COUNTY JAIL
Gary Pedersen, Captain

ITEMS ALLOWED IN JAIL

6 PAIR PLAIN WHITE SOCKS (3 FOR LOCKER 3 FOR DORM)
6 PAIR PLAIN WHITE T-SHIRTS/BRAS (3 FOR LOCKER 3 FOR DORM)
6 PAIR PLAIN WHITE BOXERS/BRIEFS/PANTIES (3 FOR LOCKER 3 FOR DORM)
4 WORK SHIRTS
4 WORK PANTS
1 PAIR OF WORK SHOES/BOOTS
1 SWEATSHIRT
1 JACKET
1 BELT
MONEY FOR COMMISSARY

A COPY OF JAIL RULES WILL BE PROVIDED TO YOU AT TIME OF BOOKING

NOTES:

- NO SHOPPING TRIPS WILL BE ALLOWED.

- ALL CLOTHING WILL BE BROUGHT IN A GARBAGE BAG. WE WILL NOT ACCEPT/STORE DUFFEL BAGS, SUITCASES, ETC. WE WILL NOT STORE EXCESS PROPERTY.

- WALLETS/PURSES WILL NOT BE ALLOWED INTO THE JAIL. NO EXCEPTIONS! YOU MAY BRING YOUR DRIVER'S LICENSE OR NECESSARY PAPERWORK OUT OF YOUR WALLET/PURSE. WALLETS/PURSE WILL STAY OUT. **WE ARE NOT RESPONSIBLE FOR ANY LOST ITEMS.**

- PLEASE DO NOT BRING IN ANY HYGIENE ITEMS INTO THE JAIL. THESE ITEMS CAN BE ORDRED OFF OUR COMMISSARY. ANY BOOKS OR MAGAZINES NEED TO BE SENT IN DIRECTLY FROM THE PUBLISHER.

- YOU **MUST** HAVE AT LEAST 2 WEEKS OF HUBER FEES AT TIME OF ARRIVAL, UNLESS PRIOR ARRAIGNMENTS HAVE BEEN MADE WITH THE HUBER LIEUTENANT.

- NO CIGARETTES, LIGHTERS, MATCHES, CHEWING TABACCO, PIPES, ROLLING PAPERS, KNIVES, TOOLS, OR WEAPONS WILL BE ALLOWED IN THE JAIL. THESE ITEMS WILL BE TAKEN AND THE PERSON(S) IN POSSESSION WILL FACE DISIPLINARY ACTIONS.

- YOU WILL HAVE NO ALCOHOL OR DRUGS IN YOUR SYSTEM WHEN YOU REPORT TO JAIL. IF YOU DO, YOU WILL MISS THE FIRST TWO DAYS OF WORK. YOU MUST REMAIN ALCOHOL AND DRUG FREE DURING YOUR STAY. FAILURE TO DO SO MAY RESULT IN DISCIPLINARY ACTION AND POSSIBLE LOSS OF HUBER.

- YOU WILL WEAR JAIL ISSUED CLOTHES WHILE YOU ARE AT THE JAIL.

- YOU WILL HAVE TO TAKE A SHOWER UPON RETURNING FROM WORK IN THE HUBER LOCKER ROOM.

- YOU WILL HAVE ANY PRESCRIBED MEDICATIONS DELIVERED FROM PHILLIPS PHARMACY ON OR BEFORE THE DAY YOU ARE TO REPORT FOR YOUR COMMITMENT.

JUNEAU COUNTY HUBER RELEASE INFORMATION

CHECK ONLY ONE (1)

- () Employment
- () Child/Adult Care
- () Education

(Please Print)

INMATES NAME: _____ DOB: _____
 HOME ADDRESS: _____
 PHONE NUMBERS: (DAY) _____ (Evening) _____
 OFFENSE: _____
 SENTENCE: _____

EMPLOYMENT INFORMATION

EMPLOYER NAME: _____
 EMPLOYER ADDRESS: _____
 PHONE NUMBER: _____
 NAME OF SUPERVISOR: _____
 JOB DESCRIPTION: _____
 MILES FROM JAIL TO JOB: _____
 WORKMAN'S COMPENSATION PROVIDER: _____
 DATE OF EMPLOYMENT: _____
 HOURS PER WEEK: _____ RATE OF PAY: _____

SELF-EMPLOYMENT

COMPANY NAME: _____
 COMPANY ADDRESS: _____
 PHONE NUMBER: _____ CELL PHONE: _____
 NAME OF SUPERVISOR: _____
 JOB DESCRIPTION: _____
 MILES FROM JAIL TO JOB: _____
 WORKMAN'S COMPENSATION PROVIDER: _____
 DATE OF EMPLOYMENT: _____
 HOURS PER WEEK: _____ RATE OF PAY: _____

ADULT/CHILD CARE

NAME OF PERSON YOU ARE PROVIDING CHILD-CARE FOR: _____
 RELATIONSHIP OF PERSON: _____
 ADDRESS OF CHILD CARE: _____
 PHONE NUMBER: _____
 EMPLOYER/COMPANY OF OTHER CHILD-CARE PROVIDER: _____
 SUPERVISOR NAME: _____
 JOB DISCRIPTION: _____
 HOURS PER WEEK: _____
 MILES FROM CHILD CARE HOUSE TO JOB: _____
 MILES FROM JAIL TO CHILD CARE HOUSE: _____

EDUCATION/SCHOOL

SCHOOL ATTENDING: _____
SCHOOL ADDRESS: _____
PHONE NUMBER: _____ HOURS OF SCHOOL: _____
CONTACT PERSON AT THE SCHOOL: _____
PHONE NUMBER OF CONTACT PERSON: _____
PROGRAM ATTENDING: _____

VEHICLE INFORMATION

PERSON PROVIDING TRANSPORTATION

LAST: _____ FIRST: _____ MI: _____ DOB ____/____/____
VEHICLE #1: MAKE _____ YEAR: _____ COLOR: _____
INSURANCE COMPANY: _____ LICENSE # _____

LAST: _____ FIRST: _____ MI: _____ DOB ____/____/____
VEHICLE #2: MAKE _____ YEAR: _____ COLOR: _____
INSURANCE COMPANY: _____ LICENSE # _____

LAST: _____ FIRST: _____ MI: _____ DOB ____/____/____
VEHICLE #3: MAKE _____ YEAR: _____ COLOR: _____
INSURANCE COMPANY: _____ LICENSE # _____

DIRECTIONS OF DIRECT ROUTE OF TRAVEL
(ANY DEVIATION WILL BE SUBJECT TO A RULE VIOLATION)

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT.

INMATE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE.

RECEIVING DEPUTY: _____ DATE: _____

INFORMATION VERIFIED: _____ DATE: _____

HUBER LIEUTENANT APPROVAL: _____ DATE: _____