

WALWORTH COUNTY SHERIFF'S OFFICE ELECTRONIC MONITORING PROGRAM

While participating in the Electronic Monitoring/Diversion Program (EMDP), inmates remain under the jurisdiction of the Walworth County Sheriff's Office. The Walworth County EMDP staff may remove an inmate in the program at any time. Any rule violation may result in immediate removal from the program, and the inmate will be returned to the Walworth County Jail to serve the remainder of their sentence. All rule violations will be acted on by EMDP staff, on a case by case basis. Inmates may be given a verbal warning for a violation, however a warning is not required prior to termination from the program. Depending on the nature of a violation(s) an inmate's Huber Privileges may be revoked. Failure to comply with their schedule properly, may result in the inmate being charged with escape.

POTENTIAL RESPONSES TO RULE VIOLATIONS:

- VERBAL OR WRITTEN WARNING
- PLACEMENT ON HOUSE ARREST
- CHANGE OF HOUSING ASSIGNMENT TO WCJ FOR A PERIOD OF TIME, TO BE DETERMINED BY THE HEARING SERGEANT
- REMOVAL FROM EMDP
- LOSS OF GOOD TIME
- LOSS OF HUBER OF HUBER PRIVILIDGES
- CRIMINAL CHARGES

**WALWORTH COUNTY SHERIFF'S OFFICE
ELETRONIC MONITORING/DIVERSION PROGRAM
RULES AND REGULATIONS**

Note: This is not an all-inclusive list of all the rules which inmates on Electronic Monitoring are required to follow. All rules may be subject to change and/or updated at any time. Inmates will receive an orientation prior to going on Electronic Monitoring at which time they will be informed of the most current rules. EMDP staff do have the authority to use discretion in the enforcement of rules.

Failure to comply with the following conditions may result in removal from the program and your return to the Walworth County Jail Rule violations may also result in a loss of Huber privileges and other criminal charges.

1. I agree to follow all of the applicable rules established for Walworth County Jail/Huber inmates, as well as specific rules for the Electronic Monitoring/Diversion Program (EMDP). I understand it is my responsibility to be aware of the rules and that deviation from any of these rules, including my approved itinerary and/or approved travel routes, is a violation of EMDP rules.
2. I agree to comply with all verbal and written instructions from the EMDP staff of the Walworth County Sheriff's Office.
3. I agree to report to the Walworth County Sheriff's Office as directed by EMDP staff. I understand that I must be available and able to report immediately when directed.
4. I agree to submit a weekly activity itinerary to EMDP staff. All activities must be approved by EMDP staff prior to performing any activity. I understand that I must advise the EMDP staff immediately of any changes to my itinerary. Non-emergency itinerary changes should be requested to EMDP staff at least 48 hours in advance, and you must speak personally to an EMDP staff member to have any changes approved. Itinerary changes not received at least 48 hours in advance may not be accepted. I will only be allowed to change my itinerary once a week. Itinerary changes will be called into EMDP staff Monday thru Friday 6am-6pm.
5. I understand that Walworth County does not have any responsibility to provide food, clothing, dental, or medical care during my participation in this program. I also understand that I must pay all telephone and electricity expenses that may be caused by the participation in the EMDP.
6. I agree to pay, in advance, the daily inmate fee of \$18 (\$126 per week). Any inmate without sufficient funds will have the funds deducted from their account, with an accrued balance. All accrued balances will be turned over to collections, if payment is not received, upon completion of their sentence. My fees will be paid in cash or money order. Personal checks will not be accepted. Fees will be paid between the hours of 6:30am and 5:30pm Monday thru Friday.

7. When applicable, I will provide proof that an Ignition Interlock Device is installed on any vehicle registered and/or utilized by me.
8. I understand that I may be allowed one full-time job (32 hours to 72 hours per week). If I had two jobs prior to being booked into this facility, I may be able to keep both jobs as long as it doesn't interfere with the 12 hours out per day and more than 6 days per week.
9. I agree to maintain my employment and any participation in any schooling or counseling programs as approved by the monitoring staff. I will notify the EMDP staff immediately of any changes.
10. I understand that I cannot possess or use (consume, ingest, or take into my body) any drugs (legal or illegal), intoxicating substance and/or alcohol that has not been prescribed by a physician. This includes all over the counter non-prescription medication and mouthwashes, which contain alcohol. I understand that I will be required to submit to scheduled and random drug and alcohol screenings.
11. I must provide EMDP staff proof of any and all prescription medications that I have consumed while on EMDP, that I am currently taking or that I may take while on EMDP.
12. I agree that I will not consume or use Mouthwashes with alcohol (i.e. Listerine), Over the Counter Medication with alcohol (i.e. Nyquil), Over the Counter medications that contain Codeine, Poppy Seeds, Food and/or drink which contains any Alcohol, Cleaning Products that contain alcohol, Colognes/Perfumes/Body Sprays that contain alcohol. I further understand that it is my responsibility to check any and all products/substances prior to use to ensure that they do not contain any prohibited substances which may affect drug and/or alcohol tests.
13. I agree that I will not consume any tobacco (including smoking and/or chewing tobacco), food and/or drink (besides water) within 20 minutes of an alcohol test, unless a reasonable medical need requires me to do so.
14. I agree to comply with all federal, state, and local laws and ordinances.
15. I agree to reside at the approved residence at all times as authorized by the EMDP staff. If I must leave my residence at any time outside of my approved schedule, I will get permission from EMDP staff by calling 262-741-4765. In the event of a medical, fire, or weather **Emergency**, that occurs outside of these hours, I will notify the EMDP staff at the first available opportunity. In the event of a serious Emergency you may contact a WCJ Sergeant at phone # 262-741-4580. If required, the WCJ Sergeant may contact EMDP staff 24 hours a day.
16. I agree to immediately contact the EMDP staff if there are any additions or changes to the list of people residing at the approved residence.

17. I agree to allow law enforcement to enter my residence or any residence occupied by me with or without a search warrant to ensure compliance with all jail procedures, and local/state/federal laws. I agree to submit my person, property, place of residence, vehicle and or any other belongings under my control to search and seizure at any time, with or without a search warrant, to any Law Enforcement Officer or WCJ staff.
18. I authorize Walworth County Sheriff's Deputies or other Law Enforcement Officers to gain entry into my place of residence, property, vehicle and/or any other place that is necessary to check on my well-being, health, to take me into custody, and/or to return me to the Jail, without a warrant. I agree to release the Walworth County Sheriff's Office, its personnel and any other Law Enforcement Agency and their personnel from any liability or cost associated with the Deputy and/or Law Enforcement Officer gaining entry. The Walworth County Sheriff's Office, its personnel and any other Law Enforcement Agency and their personnel are not responsible for any damages associated with this gained entry.
19. I accept responsibility for the care of the program equipment issued to me. I agree to keep the equipment properly charged and will immediately report any and all damage of equipment to EMDP staff. I understand that I may be held financially responsible for any damage to or loss of equipment, and may be held civilly and/or criminally liable for the replacement cost.
20. I agree to immediately return all issued equipment to EMDP staff upon my removal or release from EMDP. Failure to return all equipment may result in Criminal Charges.
21. I understand that I must have the Electronic Monitoring Bracelet on at all times.
22. I must perform all alcohol tests and drug tests as directed.
23. I will not enter any areas defined to be off-limits.
24. I will not possess anything that has been prohibited for me to possess by court order, probation/parole, state law, federal law, and/or ordinance.
25. I will not perform any activity which is prohibited to me by court order, probation/parole, state law, federal law, and/or ordinance.
26. I will not commit violent acts and/or make threats of violent acts.
27. I will not be involved in any gang activity, including possession of gang related material.
28. I understand that after my completion in the program, all EMDP equipment must be returned to the WCJ.

EM Weekly Check-In Information

As an inmate assigned to Electronic Monitoring you are required to report to the EM office a minimum of once per week. Unless directed otherwise from an EM officer, you will be required to report every week on the day indicated below, until your sentence is completed. You are required to report on your assigned day between the hours of 6:30am to 5:30 pm. You are responsible to find your own transportation to the EM office for your Weekly Check-In.

As an inmate assigned to Electronic Monitoring you will be required to perform drug tests as directed by EM staff. You cannot possess or use any controlled substances, drugs or alcohols that have not been prescribed to you by a physician. You are required to provide proof of prescription medications to EM staff.