



MANITOWOC COUNTY SHERIFF

Sheriff - Daniel L. Hartwig
Chief Deputy - Brian L. Nack

In Partnership with the Community. Dedicated to Your Safety.

HUBER APPLICATION

- Complete this packet of information and forms which are necessary while serving my sentence on work release, self-employment, and/or childcare.
- Call Huber Sergeant to schedule an appointment to go over my completed application.
- Wait to complete any sections I may have questions on.
- Looking to transfer my sentence to another jail; call the Huber Sergeant to start this process.

Huber Sergeant's phone number: (920) 683-4945

- Valid Photo ID and Social Security Card or Birth Certificate are needed when I report in.
- *If* I am actively employed *before* reporting in, I may continue using the mode of transportation I have established.
- I AM REQUIRED to provide copies of vehicle insurance & registration (s) on any vehicles I am driving or riding in, as well as, copies of driver's license and phone number of any driver (s) transporting me.
- Sentenced with an OWI charge; I MUST have my alcohol assessment scheduled & paid for before reporting into jail or I will not have Huber privileges. THIS IS A STATE LAW!
- I am allowed (7) seven sets of work or street clothing, including undergarments, for Huber release use only. I will wear jail issued apparel while inside the jail.
- Working inmates are charged daily board at a rate determined by the Manitowoc County Board. Currently, this amount is \$22.00/day plus a one-time booking fee of \$25.00.

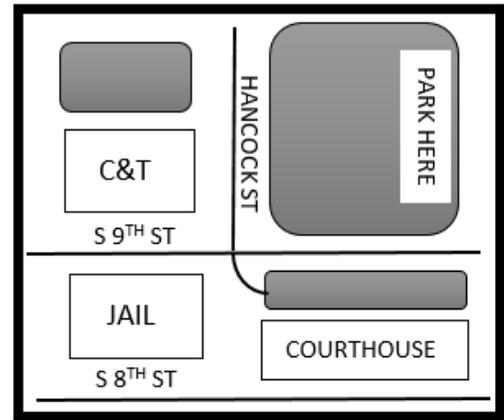
Currently Unemployed & Seeking Employment

- Register with temporary employment agencies **before** reporting to jail.
- *If* I accept employment by any means *after* reporting in, my mode of transportation will be decided for me by the jail.

Additional jail related information is located on our jail website at **mtwjail.com** under the FAQ and Forms/Documents section, or it will be provided to me when I am booked in to the jail.

Vehicles:

If I use my own vehicle for transportation, I may park it in the parking lot located a ½ block west of the jail on Hancock Street. I am required to park on the North side of this lot! I will be given a green sticker to put on the rear view mirror of my vehicle. (See map of parking lot)



JAIL HEALTH SERVICES UNIT INFORMATION

1. The Jail Health Services Unit (HSU) personnel are required to follow HIPAA regulations related to the disclosure of medical or dental information. This information may be disclosed, as needed, to medical facilities for my continuation of care.
2. If I feel I have significant medical issues that HSU needs to preplan for, please complete the Confidential Information Release Authorization & Medical Pre-Booking forms and return these to HSU/Jail at least (3) business days prior to my report in date so jail nursing can review and retrieve any needed medication or records prior to my report in date.
3. Inmates are responsible for directing and addressing all medical, mental health, or dental concerns to the HSU staff. The jail physician is primarily in charge of my care while I am incarcerated.
4. All prescription medications must be brought to the jail in the original, pharmacy container. Prescriptions must be current and properly labeled. Multiple medications combined in one container are not allowed. HSU staff will review the prescriptions. Over-the-counter medications are not allowed to be brought in. These items may be purchased from the canteen.
5. Narcotic and/or sleep aid medications are not allowed unless approval is granted by a jail medical provider or prescriber. This includes, but is not limited to, methadone and suboxone. Non-narcotic medications should be used whenever possible as an alternative.
6. Diabetics are responsible to provide verification from their doctor about care instructions. This can be done prior to my report in date. The jail will provide the supplies I need during my incarceration. This includes testing meter, strips, syringes, insulin, alcohol preps, and lancets.
7. All medical/dental appointments must be scheduled by the HSU. If appointments were scheduled before incarceration, the HSU must be notified at least 72 hours prior to the appointment to verify and determine the need for the appointment.
8. Medically related diet modifications are approved by the jail doctor when it is determined the modification is needed.

MANITOWOC COUNTY SHERIFF'S OFFICE
CONFIDENTIAL INFORMATION RELEASE AUTHORIZATION

Individual Who Is Subject of Record: Name: _____ Address: _____ City, State, Zip Code: _____ Date of Birth: _____ Identifying Number: _____	Information May Be Released To: Manitowoc County Sheriff's Office Jail Health Services Unit 1025 South 9th Street Manitowoc, WI 54220 Telephone: (920) 683-4340 Fax: (920) 683-4405
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(Wisconsin Statutes Section 19.35 & 19.36 Federal Regulation 42 CFR Part 2)

Agency or Organization being Authorized to Release Information
Name of Physician/ Agency : _____ Address: _____ City, State, Zip Code: _____ Telephone: _____

List Specific Records Authorized For Release to include dates, if applicable
Date of Visit: _____ Record, to include notes: _____ _____
Date of Visit: _____ Record, to include notes: _____ _____
Date of Visit: _____ Record, to include notes: _____ _____

PURPOSE OR NEED FOR RELEASE OF INFORMATION IS CONTINUATION OF CARE

I understand that I may revoke this authorization, in writing, at any time except where information has already been released as a result of this authorization. Unless revoked, this authorization will remain in effect until the expiration time I have indicated by initialing below. **(Initial One and Complete if Necessary)**

- _____ Authorization expires as of _____. (Date)
- _____ Authorization expires 12 months from the date I sign this authorization.
- _____ Authorization expires after the following action takes place: _____.
- _____ Authorization expires upon change in custody status.

As evidenced by my signature below, I hereby authorize disclosure of records to the person(s) or agency(s) as specified above.

Signature of Individual who is Subject of Record: _____ Date: _____

Signature of Other Person Legally Authorized to Consent to Disclosure: _____

Title or Relationship to Individual who is Subject of Record: _____ Date: _____



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Huber Report-In / Medical Pre-Booking Information

Last Name: _____ First Name: _____ Middle Name: _____

DOB: ___/___/___ Report in Date: ___/___/___ Phone # _____

Sentence Length: _____

Have you been in the Manitowoc County Jail in the last two years? Yes or No (circle one)

Primary Doctor: _____ Clinic: _____ Phone #: _____

State current medical diagnosis:

Do you have any allergies to Medication or Food? Yes or No (circle one)

Remarks if Yes _____

List Current prescribed medications you are taking.

Medication Name	Strength	Dosage Instructions	Prescribed By.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Confidential information release authorization form attached Yes or No (circle one)

Information received by _____ Date _____



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FINANCIALS FOR

Name: _____

Address: _____

Telephone (day): _____

Telephone (evening): _____

Telephone (cell): _____

Date of Birth: _____ Age: _____

Social Security #: _____

Marital Status: _____

Name of Spouse: _____

Number of Children/Dependents (& ages): _____

EMPLOYMENT

I am currently employed: YES NO

If yes, Name of Employer: _____

Job Title: _____

If no, Name of last Employer: _____

Last day worked: _____

BENEFITS

I currently receive:

- Food Share/ Stamps
- Supplemental Security Income
- Legal Representation based to indigency
- Medical Assistance
- Relief funded under Wis. Stat. 59.53 (21)
- Relief funded under public assistance
- Veterans Benefits under Wis. Stat. 45.351 (1)
- Veterans Benefits under 38 USC 501-503
- Other means-tested public assistance: _____

My financial situation has has not changed since I became eligible for the program(s) checked above.

MONTHLY GROSS INCOME

Employment (salary, wages, bonus, tips) \$ _____

Pensions/Retirement \$ _____

Social Security/Disability \$ _____

Unemployment Benefits \$ _____

Child Support/Maintenance \$ _____

Other Income: _____ \$ _____

ASSETS

House- Value \$ _____

Vehicle(s) - Value (Cars, Motorcycles,

Snowmobiles, RV, boats, etc) \$ _____

Cash \$ _____

Checking Account(s) \$ _____

Savings Account(s) \$ _____

Other Assets: _____ \$ _____

EXPENSES

Do you: Amount of expense:

- Rent \$ _____
- Own a home \$ _____
- Have Cable/satellite TV \$ _____
- Have a cell phone \$ _____
- Have internet service \$ _____
- Drink alcohol \$ _____
- Smoke \$ _____

I certify that the information provided is true. I understand that a background investigation may be conducted & I authorize my employer and creditors release information to the Manitowoc County Sheriff's Office. I also understand that as a prisoner in a jail, I shall cooperate with the county in seeking reimbursement for expenses incurred by the county while I am a prisoner. Failing to cooperate or intentionally refusing to cooperate may result in **not earning good time credit under Wis. Stat. 302.43.**

Signature _____ Date _____



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INMATE NAME: _____ TODAY'S DATE: _____

EMPLOYER Name & Address: _____

SUPERVISOR'S Printed Name: _____ Phone Number: _____

TEMP AGENCY Name: _____ Phone Number: _____

WORK <input type="checkbox"/> CHILDCARE <input type="checkbox"/> OTHER <input type="checkbox"/> _____ MONTH OF _____

DAY	TIMES SCHEDULED TO WORK	DAY	TIMES SCHEDULED TO WORK
1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	
		31	

If you have any questions or changes to the schedule, please call the Manitowoc County Jail Huber Division at 920-683-4944 or fax to 920-683-5169

Staff Use: Events scheduled by: _____
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MANITOWOC COUNTY SHERIFF- JAIL
WORK RELEASE INFORMATION

OUT: _____	IN: _____	
LOCKER#: _____		
10/27	10/28	10/29: _____
UA: _____		
OWI ASSESSMENT: _____		
JAIL RULES: _____		
FINANCIALS: _____		

INMATE NAME: _____

- ❖ EMPLOYER/SCHOOL/ETC: _____
- ❖ ADDRESS: _____
- ❖ SUPERVISOR: _____
- ❖ PHONE NUMBER: _____
- ❖ TEMP AGENCY & NUMBER: _____

[TRAVEL TIME]	OUT: _____	IN: _____			
MODE TO:	<input type="checkbox"/> BUS	<input type="checkbox"/> TAXI	<input type="checkbox"/> WALK	<input type="checkbox"/> BICYCLE	<input type="checkbox"/> SELF _____
MODE BACK:	<input type="checkbox"/> BUS	<input type="checkbox"/> TAXI	<input type="checkbox"/> WALK	<input type="checkbox"/> BICYCLE	<input type="checkbox"/> SELF _____
# OF TOKENS GIVEN _____	# OF TOKENS NEEDED _____	BUS PASS NEEDED _____			
PERSON TRANSPORTING: _____					
ADDRESS: _____					
PHONE#: _____					
DESCRIPTION OF VEHICLE: _____					
LICENSE PLATE #: _____					
INSURANCE COMPANY/EXPIRATION DATE: _____					
ROUTE TO AND RETURN (THE JAIL IS LOCATED ON 1025 S 9 TH ST ROUTE TO START FROM THAT POINT): _____					

INFO REC'D BY: _____ APPROVED BY: _____					
WAGE WITHHOLDING: _____ PREPAY: \$ _____ OTHER: _____					

Signature: _____ Date: _____

RULES FOR INMATES LEAVING THE JAIL

Initial Below:

- _____ 1. I may not deviate from my assigned route, change my method of transportation, or leave my authorized destination without prior consent from jail staff.
- _____ 2. I may not have contact with, walk with, or visit with unauthorized people while away from the jail.
- _____ 3. I have been authorized to be away from the jail during specified times. Any changes or modifications of hours and/or days must be reported to the jail staff **by my employer, school staff, etc., prior to that change being made.**
- _____ 4. I may not make unauthorized phone calls, computer emails, or any other forms of unauthorized communication while away from the jail.
- _____ 5. I may not use controlled substances, over the counter or prescription medication not administered by jail staff, or products containing alcohol while out on events. I am subject to a urine screen at any time. I must provide or I will be held in until I do.
- _____ 6. I, my property, my locker, etc., are subject to search while I am an inmate of the jail. This includes any locker, etc., at my job site.
- _____ 7. All monies I receive while an inmate of the county jail shall be sent or presented to the jail staff for distribution according to Wisconsin Statue 303.08.
- _____ 8. I may not be scheduled out more than 12 hours in one day or more than 72 hours in one week, or more than 6 days in a row. This may not include travel time.
- _____ 9. After 6 days I must spend one complete day in jail.
- _____ 10. I will need to fill out a **Huber Work Site Log** form if my place of employment varies. This form must be filled out **prior to being let out for work each day.**
- _____ 11. I am subject to a body scan upon my return to jail unless confirmed pregnant or confined to a Wheelchair. Female Huber's: At any time I become pregnant during my jail stay, it is my responsibility to notify staff or HSU.

I UNDERSTAND THE ABOVE RULES. I UNDERSTAND THAT ANY VIOLATION OF THESE RULES, OR ANY OTHER JAIL RULE, MAY RESULT IN DISCIPLINE THAT INCLUDES, BUT IS NOT LIMITED TO, MY HUBER PRIVILEGES BEING REVOKED.

INMATE SIGNATURE: _____ DATE: _____

JAIL STAFF: _____ DATE: _____