



**DOOR COUNTY
SHERIFF'S OFFICE
JAIL DIVISION**

TAMMY A. STERNARD, SHERIFF
Kyle Veeseer, Chief Deputy
Carl Waterstreet, Professional Standards Captain
Brad Shortreed, Patrol Lieutenant
Michael Bertrand, Jail Lieutenant
NON-EMERGENCY (920) 746-2400

Huber Program Application

PERSONAL INFORMATION

Name:					Date of Birth: ____/____/____	
Address: (Street)			(City)	(Zip Code)		
Primary Telephone Number:			Secondary Telephone Number:			
Driver's License / ID Number			Social Security Number:			
Sex:	Race:	Height:	Weight:	Eye color:	Hair color:	
Scars/Marks/Tattoos/Etc.					Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Not Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	

SENTENCING / PROBATION INFORMATION

Door County Sentence: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what county were you sentenced in?	Date Sentenced:	Case Number:	Length of sentence:
Do you have any pending charges? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list open case number(s) with jurisdiction(s):			
Are you currently on probation / parole? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Agents Name:		Agents Telephone Number:	

EMERGENCY CONTACT INFORMATION

Name:	
Address: (Street) (City) (Zip Code)	
Primary Telephone Number:	Secondary Telephone Number:
Relationship:	

I WISH TO EXERCISE THE FOLLOWING HUBER RELEASE PRIVILEGES: Work Release School Release Child Care Release**WORK RELEASE****(ATTACH COMPLETED EMPLOYMENT VERIFICATION / WORK SCHEDULE FORM)**

Name of Business:

Position:

Date Hired:

Address: (Street)

(City)

(Zip Code)

County:

Supervisor's Name:

Supervisor's Telephone Number:

Does your supervisor work onsite with you?

 Yes NoDoes your job require you to travel or does your job location vary? Yes No If yes, explain:Are you self-employed? Yes No***If yes, complete the self-employment information form.*****SCHOOL RELEASE****(ATTACH COMPLETED SCHOOL INFORMATION FORM)**

School Name:

 Full-time student Part-time student

Address: (Street)

(City)

(Zip Code)

CHILD CARE RELEASE**(ATTACH COMPLETED CHILD CARE INFORMATION FORM)**

Childcare Address: (Street)

(City)

(Zip Code)

PRESCRIPTION MEDICATION INFORMATION

All doctor prescribed medication(s) must be turned over to the Health Services Unit for approval. Prescription medications brought in must be in the original pharmacy filled container with the proper label and must have been filled by the pharmacy within the previous 30 days. Huber inmates will be responsible for the refills of their prescription medications while incarcerated. The Door County Jail is not responsible for any medical expense of Huber inmates. If a physician does not prescribe it, do not bring it.

Do any of your prescribed medications have a warning/restriction advising you not to operate a motor vehicle?

 Yes, list medications No

I have read the above notification and understand that any false presentation of medications will terminate my Huber privileges immediately.

Signature:**Date:**

EMPLOYMENT VERIFICATION / SCHEDULE

Employee Name:

Name of Business / Company:

Supervisors Name:

Supervisors Telephone Number:

Employee: It is the responsibility of the employee to have this form completed by the employer and returned with the Huber application. If the work schedule does not remain the same each week, this form must be completed within (2) two working days of each bi-weekly period. ***If the form is not completed and returned to the Door County Jail, as stated above, the employee's work release privileges may be revoked.***

Employer: The schedule below should be the employee's regular hours of employment. If it is necessary for the employee to work overtime, the Door County Jail should be notified immediately at (920) 746-5652. In addition, a written notice verifying the over-time hours and a supervisor's signature must be provided to the Door County Jail on the date the over-time is worked. Correspondences may be faxed to (920) 746-5675.

DAY	DATE	START WORK	END WORK	DAY	DATE	START WORK	END WORK
SUN		AM PM	AM PM	SUN		AM PM	AM PM
MON		AM PM	AM PM	MON		AM PM	AM PM
TUE		AM PM	AM PM	TUE		AM PM	AM PM
WED		AM PM	AM PM	WED		AM PM	AM PM
THU		AM PM	AM PM	THU		AM PM	AM PM
FRI		AM PM	AM PM	FRI		AM PM	AM PM
SAT		AM PM	AM PM	SAT		AM PM	AM PM

Employee maintains the same work schedule each week: Yes No

Frequency of payroll: Daily Weekly Bi-Weekly Monthly Twice monthly

Day of week employee is normally paid: Sun Mon Tue Wed Thu Fri Sat

Employee is paid by: Check Cash Tips Commission Direct Deposit

If direct deposit method is selected, the Door County Jail Direct Deposit Authorization form must be completed and a copy submitted with the Huber application.

Employee pay rate: \$_____.____ per _____ Date of next paycheck: ____/____/____

I agree that _____ (employee's name) is covered by at least \$1,000,000 major medical / liability / worker's compensation insurance in case of personal injury or death.

Copy of policy must be submitted along with Huber application.

Supervisor Signature:

Date:



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Direct Deposit Authorization

EMPLOYER INFORMATION

Name of Business / Company:

Address: (Street)

(City)

(Zip Code)

EMPLOYEE INFORMATION

Employee Name:

Address: (Street)

(City)

(Zip Code)

DIRECT DEPOSIT INFORMATION

Nicolet National Bank

Door County Inmate Trust Fund Account
1203 S Duluth Ave, Sturgeon Bay, WI 54235

Routing Number: 075917937

Account Number: 7653311

AUTHORIZATION FOR DIRECT DEPOSIT

I hereby authorize the employer/organization above to deposit my payroll check directly to the account listed above effective ____/____/____. This authorization will remain effective until I provide written notification of change or cancellation to the originating organization.

Employee Signature:

Date:

THIS FORM MUST BE COMPLETED IF YOUR EMPLOYER REQUIRES DIRECT DEPOSIT.

UPON COMPLETION, GIVE THE ORIGINAL TO YOUR EMPLOYER AND INCLUDE A COPY WITH YOUR HUBER APPLICATION.

EMPLOYER, IF YOU HAVE ANY QUESTIONS, PLEASE CALL (920) 746-5663.

SELF-EMPLOYMENT INFORMATION

Work release for individuals who are self-employed will be reviewed and permitted on a case-by-case bases. **Due to the complexity of self-employment, you must provide the following information / documents with your Huber application:**

- ❶ Tax ID / Social Security Number
- ❷ Copies of last (2) two years of tax returns
- ❸ Copy of your business liability and major medical insurance policy
- ❹ Written and signed contracts for each job. This should be a formal contract with the party you are doing business with. It should include the party's name, address, and phone number. It should also state what work is to be done along with a start and estimated completion date for that work.
- ❺ Any additional documentation as requested by the Huber Officer.

BUSINESS / COMPANY INFORMATION

Name:	
Name of Business / Company:	Tax ID Number:
Address: (Street)	(City) (Zip Code)
Business Telephone Number:	Year business was established?
Are you an independent contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees:

What are your normal working hours each week?

	SUN	MON	TUE	WED	THU	FRI	SAT
START WORK	AM PM						
END WORK	AM PM						

LIST (3) THREE PROFESSIONAL REFERENCES

Name:	Telephone Number:
Name:	Telephone Number:
Name:	Telephone Number:

Inmate Signature:

Date:

SCHOOL INFORMATION

Educational learning is available for individuals engaged in an accredited program of study at a local educational facility. To be considered, you must have been enrolled and attending the prior semester; or have been enrolled for the upcoming semester prior to the start of your sentence. **You must provide the following information / documentation with your Huber application:**

- ❶ Course Schedule (Location / Date / Time)
- ❷ Instructor Name(s) / Contact Information
- ❸ Any additional documentation as requested by the Huber Officer.

SCHOOL / COURSE INFORMATION

Inmate Name:

School Name:

Full-time student

Part-time student

Address: (Street)

(City)

(Zip Code)

School Counselor / Contact

Contact Telephone Number:

❶ Course / Class Name:

Instructors Name:

❷ Course / Class Name:

Instructors Name:

❸ Course / Class Name:

Instructors Name:

❹ Course / Class Name:

Instructors Name:

❺ Course / Class Name:

Instructors Name:

❻ Course / Class Name:

Instructors Name:

❼ Course / Class Name:

Instructors Name:

❽ Course / Class Name:

Instructors Name:

Inmate Signature:

Date:

CHILD CARE INFORMATION

Childcare will only be granted for the care of your biological children, adopted children, foster children, stepchildren or children for which you are the legal guardian. Individuals 18 years of age or older will not be considered for childcare. Childcare will only be granted when it is deemed necessary based on your individual situation. **You must provide the following information / documentation with your Huber application:**

- ❶ Any and all other residing adults in the residence must submit a validated work schedule from their employer.
- ❷ Any additional documentation as requested by the Huber Officer.

Inmate Name:

Childcare Address: (Street) (City) (Zip Code)

List all children for requested childcare and adults that reside at the residence.

NAME OF CHILDREN / ADULT(S)	AGE	RELATIONSHIP TO YOU

In the event, you are required to return to Jail, who should we contact to oversee your childcare duties?

EMERGENCY CONTACT INFORMATION

Name:

Address: (Street) (City) (Zip Code)

Primary Telephone Number:

Secondary Telephone Number:

Relationship:

Inmate Signature:

Date:

TRANSPORTATION INFORMATION

You must choose one of the following modes of transportation. Please select the mode of transportation you intend to use. You may not change your mode of transportation or use vehicles not listed below without approval by the Huber Officer. **If receiving a ride from another individual, that person may not be your spouse or significant other.** You are allowed a maximum of three (3) different drivers. The Door County Jail has the sole discretion to approve or deny your mode of transportation.

Drive Driven by Others Public Transportation Walk Bike

The following documents must be submitted with your application for each driver listed below:

❶ Copy of Valid Driver's License ❷ Copy of Liability Insurance ❸ Copy of Vehicle(s) Registration

FIRST DRIVER OR SELF

Name:		Date of Birth:
Primary Telephone Number:		Secondary Telephone Number:
Driver's License Number:		Expiration Date:
Vehicle Make and Model:		Registration Expiration Date:
License Plate Number:	Year:	Color:
Insurance Company:	Policy Number:	Expiration Date:
Drivers Signature:		Relationship to Applicant:

SECOND DRIVER

Name:		Date of Birth:
Primary Telephone Number:		Secondary Telephone Number:
Driver's License Number:		Expiration Date:
Vehicle Make and Model:		Registration Expiration Date:
License Plate Number:	Year:	Color:
Insurance Company:	Policy Number:	Expiration Date:
Drivers Signature:		Relationship to Applicant: