

TO: Sir/Madam

FROM: Sheriff Reg M. Gill

REF: Serving Your Huber/Work Release Sentence

You have been sentenced to the Lafayette County Jail with Huber/Work/School Release Privileges. This booklet has been designed to assist you in preparing for your jail sentence. While in custody you are expected to follow all of the jail rules and regulations. The rules have been set forth for the purpose of maintaining proper custody, control, and to ensure the safety of the inmate population. A copy of the jail rules is attached to this packet for you to read. You will need to sign the last page of the rules stating you have read, or have had read to you, and understand the jail rules.

Please complete the following attached forms entirely:

1. Huber Release Information Sheet.
2. Jail/Employer Work Release Agreement.

If you do not work in Lafayette County and are requesting to be transferred to the County Jail where your employment is located, you will have to meet with jail staff complete the Huber Transfer Request Form.

Please return all of the attached documents and a copy of your Judgement of Conviction papers to the Jail Office three (3) full business days prior to starting your commitment. This will enable jail staff to confirm your Huber/Work Release information and avoid any delays.

Inmates reporting to jail with any alcohol, drugs or controlled substance in their system are subject to the loss of Huber/Work Release privileges.

If you have medical problems and are taking medications, bring your medication with you or bring enough money to pay for refills. The medication must be in the prescription bottle it came in. The jail nurse will review your medication, and refills will be arranged at Hartig Drug.

If you have any questions contact the Lafayette County Jail at 608-776-4870.

LAFAYETTE COUNTY SHERIFF'S OFFICE

JAIL DIVISION

EMPLOYER WORK RELEASE AGREEMENT

The Lafayette County Circuit Court has sentenced _____
to the Lafayette County Jail with "Huber Law" privileges. The "Huber Law" program is governed
by State Statute 56.08. Court commitments are varied and complex and are subject to revision.

TO EMPLOY AN INMATE, THE EMPLOYER MUST AGREE TO THE FOLLOWING REGULATIONS:

1. Huber fees are \$120.00 a week. All money the employee earns is to be submitted to the Sheriff's Office with a report or check stub listing the total hours, gross earnings and deductions. All taxes and Social Security is to be deducted. If the check is turned over to the employee, the employee must bring the check back to the jail. If the employer requires direct deposit, the employee must maintain Huber fees two weeks in advance.
2. No personal savings accounts or advancements are allowed. By state statute, persons under "Huber Law" sentence cannot be garnished.
3. To promptly report to the jail at (608-776-4870 any misconduct, absenteeism, layoff or termination of employment or injuries sustained on the job.
4. To contact the jail for approval prior to unscheduled overtime, schedule changes or job site location changes.
5. Inmates are allowed to work a maximum of twelve hours per day and are required to spend at least one day per week in jail.
6. Any overtime and work scheduled for a holiday requires written verification. For the purpose of Work Release, Sundays and Holidays are considered days in.
7. All of the inmate's free time must be spent in the jail. No loitering will be allowed at the work place or any place of business, etc. An inmate must be compensated for all hours worked. An inmate may not volunteer his/her time.
8. Travel time is directly to and from work and will be regulated by jail staff.

9. An inmate is not allowed to have visitation of family and friends while at work. An inmate may not make telephone calls or utilize a cell phone for personal purposes, other than those work related.
10. A Law Enforcement Officer may visit the place of employment to verify job status. A drug or alcohol screen may also be administered to the inmate while at work.
11. Proof the employee is covered by Workman's Compensation Insurance must be provided to the Lafayette County Jail.
12. The Work Schedule submitted to the jail will be the set schedule, no changes will be allowed unless special circumstances arise and are approved by the Lafayette County Sheriff's Office Administration.
13. Inmates must be prepared to provide a urinalysis upon return to the jail from work.

EMPLOYEE WORK SCHEDULE AND PAYROLL INFORMATION

Sunday _____	Date of next check: _____
Monday _____	Rate of Pay: _____
Tuesday _____	Pay period is: _____
Wednesday _____	
Thursday _____	
Friday _____	
Saturday _____	

I have read and understand the Jail Rules and Regulations, particularly those concerning Huber Law Prisoners. Accepted and agreed to by:

EMPLOYER: _____ DATE: _____

INMATE: _____ DATE: _____

SHERIFF'S OFFICE DESIGNEE: _____ DATE: _____

LAFAYETTE COUNTY SHERIFF'S OFFICE

JAIL DIVISION

HUBER WORK RELEASE INFORMATION

Check applicable

() Child Care () Employment () Schooling

INMATE'S NAME: _____ DOB: _____

OFFENSE: _____

SENTENCE: _____

CHILD CARE INFORMATION

Spouses Employer: _____

Spouse's hours: _____

Location: _____

Number/ages of children: _____

School attending: _____

Hours needed for child care: _____

EMPLOYMENT INFORMATION

Name of Employing Agency: _____

Address: _____

Supervisor: _____ Phone#: _____

Job Description: _____

Days/hours worked: _____

Wage: _____ Overtime Rate: _____

Frequency of Pay: Weekly Biweekly Other (circle one)

SCHOOLING INFORMATION

School Attending: _____ Phone #: _____

Hours of School: _____ From: _____ To: _____

Program/Classes Attending: _____

VEHICLE INFORMATION

Vehicle Make: _____ Year: _____ Color: _____ License #: _____

Insurance Company: _____ Policy #: _____

PERSON PROVIDING TRANSPORTATION

Name: _____ DOB: _____

Vehicle Make: _____ Year: _____ Color: _____ License #: _____

Insurance Company: _____ Policy #: _____

Pick up Time: _____

Additional Information:

Form filled in by: _____ Date: _____

Notes:

I certify the information in this form is true and accurate:

Inmate: _____ Date: _____

Jail Deputy: _____ Date: _____

LAFAYETTE COUNTY SHERIFF'S OFFICE

138 WEST CATHERINE ST. DARLINGTON, WI 53530

HUBER TRANSFER REQUEST FORM

TO: _____ County Jail ATTN: HUBER OFFICER

DATE: _____ TIME: _____

PLEASE ADVISE IF YOU WILL ACCEPT THE FOLLOWING INMATE AS A TRANSFER:

INMATE INFORMATION

NAME: _____ DOB: _____

Address: _____ Phone: _____

SENTENCE INFORMATION

Offense: _____

Sentence: _____ Credit: _____ Goodtime: _____

Scheduled Start Date: _____ Release Date: _____

EMPLOYMENT INFORMATION

Employer: _____

Address: _____ Phone: _____

Supervisor: _____ Wages: _____

Work Hours: _____ Days Off: _____

ACCEPTANCE/DENIAL

The above named inmate has been: **ACCEPTED / DENIED** (CIRCLE ONE)

AUTHORIZED BY: _____ **DATE:** _____

Revised:

Dm6 03/18/24