

Marathon County Sheriff's Dept
 Jail/Electronic Monitoring Program
 500 Forest St.
 Wausau, WI 54403
 Phone: 715/261-1700
 Fax: 715/261-4141
 EM phone: 715/261-1321



Staff Use Only
 Accepted
 Start date _____
 Denied
 Reason _____
 Secondary Review

APPLICATION FOR ELECTRONIC MONITORING

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

How long have you lived at above address? _____ rent or own (circle one)

Name of home owner/landlord _____ Phone _____

If at current address less than 1 year, list previous address: _____

Telephone #: Home: _____ Cell: _____

Sex ____ Race ____ Height ____ Eye Color ____ Hair Color ____ Marital Status _____

Scars/Marks/Tattoos/Etc. _____

Person(s) living with you—over 18 yrs: _____ DOB _____ Relationship _____

Minor(s) living with you—under 18 yrs: _____ DOB _____ Relationship _____

Is anyone living in the residence on probation/parole? _____ If Yes, Who? _____

List any weapons kept in the home _____

List any pets in the home (breed) _____

Do you have any disabilities or special medical conditions? _____

Explain: _____

Are you currently taking any prescribed medication? _____ Doctor/Clinic _____

Name of medication(s) _____

Do you have regularly scheduled appointments besides work (treatment, counseling)? _____

Explain: _____

EMPLOYMENT INFORMATION:

Are you self-employed? No Yes (Federal ID # and previous 2 years taxes required)

Employer _____ Position _____

Address _____

City _____ Zip _____ Length of Employment _____

Supervisor's Name _____ Phone # _____

Hourly Wage/Salary _____ Next date of pay _____

Weekly work hours (days/time) _____

Does your supervisor work on site with you? _____ Does your job location vary? _____

Explain _____

Do you have a valid D.L.? No Yes Do you have an occupational license? No Yes

Do you have transportation? _____ Explain _____

If at current employer less than 1 year, list all employers for past year and dates of employment:

Employer: _____ Dates: from _____ to: _____

Employer: _____ Dates: from _____ to: _____

List Additional Activities (i.e. Community Service, School)

Location _____ Contact Person _____

Address _____

City _____ Zip _____ Phone # _____

Weekly hours (dates/time) _____

If more than one activity, list all information on the back of this page.

CRIMINAL INFORMATION:

What is the current charge(s) you are in jail for? _____

What is the length of your sentence? _____

Do you have any charges pending? _____ List charge(s) & county _____

Are you currently on probation/parole? _____ Agent's name & phone # _____

If yes, what charge(s) are you on probation/parole for? _____

Have you ever been convicted of a domestic charge? _____ If yes, when? _____

Who was the victim? _____ Have you been charged with a crime against a person? _____

If yes, explain _____

Have you ever been convicted of a weapons offense? No Yes County of conviction _____

Have you ever been convicted of a sexual assault? No Yes County of conviction _____

List all previous criminal convictions:

Charge	Date	County/State	Disposition/Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever escaped or walked away from a county jail? No Yes County? _____

Have you been on Marathon County electronic monitor in the past? _____ If yes, when? _____

OWI CONVICTIONS:

Have you completed your required AODA assessment? No Yes

Are you in compliance with Ignition Interlock Device (IID) requirements? No Yes

In the space provided give a short explanation as to why you should be eligible for this program:

I agree that the above information is true and accurate. Any information that I provide that misleads the monitoring staff could result in me being disqualified from the program. I also understand that completion of this application DOES NOT guarantee that I will be accepted on the Electronic Monitoring Program.

Inmate Signature

Date

MARATHON COUNTY ELECTRONIC MONITOR PROGRAM Risk Assessment

Directions: put an X next to the appropriate answer, or write a number where indicated
ANSWER HONESTLY—inaccurate responses can affect your acceptance into the program or supervision level

CONSIDERATIONS	CATEGORY	SCORE
Address changes in the past 12 months	None	___
	One	___
	Two or more	___
Percent of time employed in past 12 months	60% or more	___
	40% - 59%	___
	Under 40%	___
Alcohol &/or Drug Usage	No interference	___
	Occasional Abuse	___
	Frequent Abuse (may need treatment)	___

Age of first conviction	24 or older	___
	20 to 23	___
	19 or younger	___
Times on probation/parole	None	___
	One or more	___
Probation/Parole Revocations	None	___
	One or more	___
Prior Felony Convictions	None	___
	One	___
	Two or more	___
Number of convictions (Adult/Juvenile)	Misdemeanors	# ___
	Domestic Violence	# ___
	Sexual Assault	# ___
	Violent Felony	# ___
	Other	# ___
Escape charge/walk away from Huber (past 10 years)	None	___
	One or more	___

****Return to EMP office at Marathon County Jail****