

**ATIPS/GPS RULES AND REGULATIONS**  
**OUTAGAMIE COUNTY SHERIFF'S DEPARTMENT**  
**CORRECTIONS DIVISION**  
**ATIPS/GPS MONITORING PROGRAM**  
**DISCIPLINE PROCESS FOR RULE VIOLATION(S)**

While participating in the ATIPS/GPS monitoring program, inmates remain under the jurisdiction of the Outagamie County Sheriff's Department. The Outagamie County Jail ATIPS/GPS monitoring staff may remove an inmate from the program at any time. **Any rule violation may result in immediate removal from the program**, and the inmate will be returned to jail to serve the remainder of his/her sentence. All rule violations will be acted on the GPS monitoring staff on a case-by-case basis. Inmates may be given a warning for a violation; however, **a warning is not required prior to termination from the program**. An inmate's Huber Law/work release privileges may be revoked upon his/her termination from the ATIPS/GPS monitoring program depending on the nature of the violation. Failure to comply with his/her schedule properly may result in the inmate being charged with escape.

**KEEP FOR YOUR RECORDS**  
**TO REFER TO**

Telephone 920-832-2252/ Call for All Questions  
Fax 920-832-4929  
Email [GPSDesk@Outagamie.org](mailto:GPSDesk@Outagamie.org)

**POTENTIAL RESPONSES TO RULE VIOLATIONS**

- 1) VERBAL WARNING
  - 2) MINOR TICKET OR TICKETS
  - 3) CHANGE OF HOUSING ASSIGNMENT TO JAIL/HUBER FOR A PERIOD OF TIME (TO BE DETERMINED BY A GPS MONITORING OFFICER AND SUPERVISOR)
  - 4) REMOVAL FROM THE GPS PROGRAM
  - 5) REVOCATION OR SUSPENSION OF HUBER LAW/WORK RELEASE PRIVILEGES.
  - 6) LOSS OF GOOD TIME
  - 7) CRIMINAL CHARGES
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- 1) I, \_\_\_\_\_, agree to pay in advance the weekly fee for participation in the GPS monitoring program. **Upon starting the GPS program, a one-time strap fee of \$10 will be charged to me.** I will be charged \$21.00 per day to offset the cost of the GPS monitoring program. I will be charged \$6.00 per day for a Visual Breath Alcohol Sensor. I will report to the Outagamie County Jail, at a minimum, once a week at scheduled times to make my full payment and submit a work schedule/s and appointment requests for the upcoming week.
  - 2) My fee will be paid in cash or money order. If placed on a Visual Breath Alcohol Sensor I will pay an additional \$7.00 / day. Personal checks will not be accepted. Failure to pay fees will result in termination from the GPS program. **. If my GPS fees exceed Negative \$150.00 I will have until 8 pm Friday night the last day of the week to have them paid if not I be brought in off the program. In addition I must have all my GPS fees paid up one week before I am released.**

- 3) I accept responsibility for the care of the program equipment issued to me. I understand that I will be held financially responsible for any damage to or loss of equipment and may be held civilly and/or criminally liable for the replacement costs.
- 4) I will not tamper with the GPS monitoring program equipment in any way, nor will I remove or attempt to remove the bracelet. I may only disconnect or move the program equipment upon specific instruction from monitoring staff.
- 5) I understand that **I will charge the ankle transmitter at least Two (2) hour per day THE CHARGING WILL BE DONE WHILE YOU ARE AWAKE, YOU WILL NOT SLEEP WITH THE CHARGER ATTACHED TO THE TRANSMITTER**, using the charger that the Outagamie county sheriff's department has issued me. If the transmitter ever losses its charge, the battery reads no charge to the officer. I will be removed from the GPS program
- 6) I am not allowed to go swimming, take a bath, or take my bracelet into water. I am allowed to take a shower.
- 7) I agree to reside at the approved residence at all times as authorized by the monitoring staff of the Outagamie County Jail  
  
Address: \_\_\_\_\_
- 8) I understand that I must receive permission from the monitoring staff before moving to a new address. I must get staff permission prior to another person moving into my residence.
- 9) I WILL ANSWER MY TELEPHONE AT ALL TIMES, NO MATTER WHAT TIME OF THE DAY OR NIGHT. I acknowledge I am not allowed to have an answering machine on while I am at home. I will have the voice mail, call waiting and call forwarding discontinued from my telephone account. If my telephone or electricity is disconnected or fails to work for any reason, I will return to the Outagamie County Jail. I understand that I must limit all telephone calls to ten minutes or less, if I do not have any other means of a telephone.
- 10) I WILL ANSWER THE DOOR AT ALL TIMES.
- 11) If I am paged by either a beeping noise or vibration at anytime of the day or night **I will call 920-832-2252 and talk or leave a message for the Officer.**
- 12) I agree to allow the Outagamie County Jail staff or any Law Enforcement Officer/ including Canine and DRC employees, to enter my residence at any time to ensure that I am complying with the rules of the program.
- 13) I understand that Outagamie County does not have any responsibility to provide food, clothing, dental or other 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 participation in the GPS monitoring program.
- 14) I understand that I must remain at my approved residence at all times while under home detention.
- 15) I understand that if I must leave my residence at any time outside of my approved schedule, I will get permission from the jail staff by calling 920-832-2252 (first) if no answer I will leave a message and wait for a response from the GPS officer. I understand that I must get permission to go outside of my residence to do any house work i.e.: mowing, shoveling, letting animals out.

- 16) I agree to maintain my employment and any participation in any schooling or counseling programs as approved by the monitoring staff
- 17) I understand I may leave for up to 12 hours per day/ 70 hours per week, travel time included for my weekly work schedule. I will notify the jail staff immediately of any changes.
- 18) I will complete an Appointment form one week prior to the day of the appointment.
- 19) I agree to report to the Outagamie County Jail at such times and in such a manner as directed by the staff.
- 20) I understand that all movement will be tracked and stored as an official record. No unauthorized stops including fast food or other restaurants. All work related stops will be emailed, faxed or called in every day. If I stop for fuel or a drive through restaurant or bank I will notify the GPS officer with the address including city and street number, if no answer I will leave a message with the destination.
- 21) I understand that I am responsible for all of the applicable rules as established for the Outagamie County Huber Law Facility as well as specific rules for the GPS monitoring program.
- 22) I understand that I may take over the counter medication/s that does not contain Alcohol. Alcohol free mouthwash is allowable.
- 23) I understand that I cannot possess or use (consume, ingest, or take into my body) any drugs (illegal or legal) that has not been prescribed by a physician. I must have a current prescription for any prescriptions/medications in my residence.
- 24) I understand that I must advise the monitoring staff immediately of any changes in work hours.
- 25) I understand that I will be required to provide a urine sample and/or breathe sample for random testing.
- 29) I understand that I will be allowed to go grocery shopping once a week, after my weekly check in time I will receive 90 minutes to shop. Upon approval by officers for approved stores only.
- 30) **As a participant in this program I give my consent to have my person, property, place of residence, vehicle and/or any other belongings be subject to search and seizure at any time, by any law enforcement officer, including canine, Outagamie county Jail Staff and /or authorized Day Report Center staff for the duration of my sentence.**

**Initial here \_\_\_\_\_**

- 31) All Alcohol will be removed from the premises.
- 32) All Weapons will be removed, including look alike, Antiques, non working (functional), all Bow and arrows (including cross bows)
- 33) You are now considered to be under "house arrest" no outside activities unless authorized by a GPS officer.
- 34) No family members other than those approved on the application form are allowed at the residence, this includes friends of the children.
- 35) **No visitors are allowed**

- 36) Any Medical emergencies go to medical facility immediately notify gps officer ASAP afterwards
- 37) I understand that the presence of a police scanner at the residence is not allowed
- 38) **I understand that I am on house arrest and that if I decide to take off the equipment I can be charged with a Felony Escape charge under state statue 946.42.**

**Initial Here \_\_\_\_\_**

- 39) I have read and understand the above listed rules of the Outagamie County GPS program. I understand that my participation in this program is voluntary, and by volunteering for this program I agree to follow the rules. I understand that all the rules will remain in effect for the duration of my participation in the GPS program and understand that any violation may result in my removal from the program, loss of Huber privileges and /or criminal charges.
- 40) I agree that upon completion of the program all equipment issued by the jail officials shall be returned in clean, operable condition or I will be responsible for the cost of repairing, servicing or replacing the equipment

Per the 2009 Wisconsin Act 100 makes it mandatory for all OWI offenders granted Huber to show proof of Ignition Interlock Devices (IIDs) installation within two weeks of sentencing. S. 302.08(10r) whether I drive the vehicle(s) or not. You may get an Exemption from the Judge, or transfer the Title to another person.

Weekly check in \_\_\_\_\_ time \_\_\_\_\_

**Release Date \_\_\_\_\_ at 8 Am**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Officer Verification \_\_\_\_\_

Accountant phone # 920-832-5314