

# WOODBURY COUNTY SHERIFF'S OFFICE

Electronic Monitoring Division  
1600 County Home Road  
Sioux City, Iowa 51106  
Telephone: 712-943-6993  
Fax: 712-943-6995

## Application procedures for **TO BE SENTENCED / SENTENCED** applicants:

1. Defense Attorney (if applicable) and client fill out and sign application.
2. Defense Attorney forwards application (by email, mail or fax) to EM Staff.
3. Background / NCIC / restraining order / room and board checks are made (may determine approval or denial into program)
4. Attorneys **MUST** tell clients **TO CALL EM** to setup interview.
5. Applicant attends scheduled interview with EM Staff, rules / prices / equipment / schedule a hook up date.
6. Attorney is notified of tentative hook up date by EM staff.
7. Attorney can get applicant sentenced.
8. Applicant reports to EM Office on scheduled hook up date.

## Application procedures for **PRE-TRIAL** inmates in Jail on bond:

1. Attorney for inmate fills out pre-trial referral.
2. EM Staff reviews referral
3. Staff does background checks / NCIC / restraining order checks
4. Staff conducts interview in jail and completes pre-trial application form.
5. EM Staff gives the referral and application to Jail Administrator for review.
6. Presiding Judge / Attorneys notified of Jail Administrators decision.
7. Judge, County Attorney, Defense Attorney and EM Staff work out pre-trial agreements.
8. If all agree, inmate can be released on EM.
9. If all don't agree, a contested hearing will be held before the presiding Judge.
10. Pre-trial paperwork in explained, including all pre-trial requirements & agreements.
11. Inmate is hooked up on system awaiting trial / disposition of case.

Anyone that is approved and serves time on Electronic Monitoring does **NOT** get credit for time served **OR** good-time and they agree that the original sentence gets **DOUBLED** when on EM. Once the time gets doubled it stays doubled, even in the event of a revocation. EM does not accept anyone for less than 7 days.

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## Electronic Monitoring Division

### Price List:

Deposit:	\$60.00 (refundable – **see below)
Installation fee:	\$35.00 (non-refundable)
Daily supervision fee:	\$16.00 per day
VB (alcohol test)	\$6.00 per day <b>(all alcohol related charges require VB unit)</b>

All payments are made on Thursdays, from 7am to 3pm at the EM Office. Methods of payment are as follows: Cash, Money Order, Cashier 's Check, Debit or Credit Card (Visa, MasterCard), **NO PERSONAL CHECKS.**

**Cash must be exact amount**, EM Staff does **not** have change. Offender may have designee make their weekly payment if they are working, unless offender is notified otherwise.

Supervision fee is due a week ahead of time, each week. Offender may pay more than a week in advance, or the entire amount at the beginning of the sentence of offender desires.

#### Total money due on installation date: (without VB unit)

Deposit:	\$60.00
Install Fee:	\$35.00
1 <sup>ST</sup> 8 days	\$128.00

**Total due: \$223.00**

Total supervision fees due each week after installation: **\$112.00 per week each week after**

#### Total money due on installation date: (with VB unit)

Deposit:	\$60.00
Install Fee:	\$35.00
1 <sup>st</sup> 8 days	\$128.00
VB unit	\$48.00 (\$6.00 per day)

**Total due: \$271.00**

Total supervision fees due each week after installation: **\$154.00 per week each week after**

\*\* Deposit is fully refundable with return of **ALL undamaged** equipment, and as long as offender is not removed or revoked from program.

**\*\*ALL OF THE ELECTRONIC MONITORING EQUIPMENT IS CELL PHONE BASED. CLIENTS DO NOT NEED TO OBTAIN LANDLINE PHONE SERVICE (Unless cell service is unavailable in their area).**

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## Woodbury County Sheriff's Office

### Electronic Monitoring Application

Applicant's full name: \_\_\_\_\_ Alias: \_\_\_\_\_

Applicant's address: \_\_\_\_\_ Apt / Lot #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's phone: \_\_\_\_\_ Cell: \_\_\_\_\_

DOB: \_\_\_\_\_ SOC: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Single     Married     Divorced     Separated     Widowed

Scars/marks/tattoos: \_\_\_\_\_

Applicants Employer: \_\_\_\_\_

Employers Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ How long with this employer: \_\_\_\_\_

Work Schedule: Days of work: \_\_\_\_\_ Hours of work: \_\_\_\_\_

Additional work schedule notes: \_\_\_\_\_

Attending AA/NA meetings:  Yes     No    Location: \_\_\_\_\_

Does Applicant have **VALID** drivers license: Y N State: \_\_\_\_\_ DL#: \_\_\_\_\_

Vehicle (s) that applicant will be operating: \_\_\_\_\_

Is the applicant currently involved in a no-contact /restraining order?     Yes     No

If yes, names of people involved in order: \_\_\_\_\_

Address (s) of parties involved in no-contact order: \_\_\_\_\_

Person (s) living in residence with applicant:

<b>Name</b>	<b>Relationship</b>
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1.

2.

3.

4.

5.

**INTERVIEW:**

**HOOKUP DATE:**

Applicant's current criminal charges: \_\_\_\_\_

Applicant's criminal case #: \_\_\_\_\_ Length of **EM** sentence: \_\_\_\_\_

Applicant's Attorney: \_\_\_\_\_ Attorney phone: \_\_\_\_\_

Sentencing Judge: \_\_\_\_\_ County Attorney: \_\_\_\_\_

Is the client:  PRE TRIAL  SENTENCED  NOT SENTENCED YET

Does the client have **ANY OTHER** charges pending in **ANY** court?  Yes  No

Charges: \_\_\_\_\_ Jurisdiction? \_\_\_\_\_

THE INFORMATION THAT I HAVE GIVEN TO MY ATTORNEY AND THE SHERIFF'S OFFICE IS TRUE AND CORRECT. I UNDERSTAND THAT ANY INFORMATION THAT IS FOUND TO BE FALSE WILL DISQUALIFY ME FROM THE ELECTRONIC MONITORING PROGRAM.

**I UNDERSTAND THAT I WILL BE GIVEN A DRUG URINALYSIS WHEN I REPORT TO BE HOOKED UP ON ELECTRONIC MONITORING. IF I TEST POSITIVE TO ANY ILLEGAL SUBSTANCES, I WILL NOT BE ALLOWED ELECTRONIC MONITORING AND I WILL BE IMMEDIATELY TRANSPORTED TO JAIL. ALL GOOD TIME THAT I WOULD HAVE RECEIVED IN THE JAIL WILL BE DENIED AND THE ORIGINAL SENTENCE WILL BE ORDERED.**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attorney's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE ONLY, DO NOT WRITE IN AREA BELOW**

The applicant is a: \_\_\_\_\_ Good candidate \_\_\_\_\_ Fair candidate \_\_\_\_\_ Poor candidate

Notes from interview:

\*Applicant is: \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED Date: \_\_\_\_\_

\*If DENIED, reason for DENIAL:

ATTORNEY NOTIFIED OF:  HOOK UP DATE  DENIAL

PERSONALLY  VOICEMAIL  SECRETARY  EMAIL

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Next court date: \_\_\_\_\_ @ \_\_\_\_\_ Courtroom \_\_\_\_\_ JUDGE: \_\_\_\_\_

PTC     TRIAL     PTS     SENTENCING     HEARING

ALREADY SENTENCED: MWH: \_\_\_\_\_ @ \_\_\_\_\_

DCI: \_\_\_\_\_ FBI: \_\_\_\_\_

NCIC WARRANTS:  Negative  Hit      LOCAL WARRANTS:  Negative  Hit

DRIVERS LIC:  VALID  REVOKED  SUSPENDED  BARRED  TRL  NO RECORD

ACTIVE NO CONTACT ORDER?  Yes  No      Attached?  Yes  No

Date NCIC completed: \_\_\_\_\_ by \_\_\_\_\_

REGISTERED SEX OFFENDER?  Yes  No      CURRENT?  Yes  No

PROBATION / PAROLE?  Yes  No      Officer: \_\_\_\_\_

GANG FILE CHECKED?  Yes  No

MEMBER / ASSOCIATED WHICH GANG:  N/A \_\_\_\_\_

ROOM & BOARD CHECKED?  Yes  No      Amount owed: \$ \_\_\_\_\_

ON EM PREVIOUSLY?  Yes  No      When? \_\_\_\_\_

ASSAULTIVE HISTORY?  Yes  No      ASSAULT ON POLICE?  Yes  No

JAIL INCIDENTS CHECKED?  Yes  No

CONTACT ATTEMPTS:

NOTES: