



**For Jail Staff Only:** Huber transfer is: APPROVED DENIED

Inmate report on: \_\_\_\_\_ Tim : \_\_\_\_\_ Other Time:

With Fees: \$ \_\_\_\_\_ Authorized By: \_\_\_\_\_

**Eau Claire County Huber Center - REQUEST TO TRANSFER HUBER**

This is a custody request to transfer Huber to:

From:

**INMATE INFORMATION**

NAME (last, first, middle):

DOB:

ADDRESS:

CITY, STATE:

ZIP:

PHONE:

CELL PHONE:

**EMPLOYER INFORMATION**

Company Name:

PHONE:

ADDRESS:

CITY, STATE:

ZIP:

Contact Person:

Title:

Days worked:  M  T  W  TH  F  S  SU

Hours worked: Start time: \_\_\_\_\_ am pm End Time: \_\_\_\_\_ am pm

Length of Employment: \_\_\_\_\_ Wages: \_\_\_\_\_ hour

Employment Verified: Yes No By: \_\_\_\_\_

**JUDGEMENT INFORMATION**

Case #: \_\_\_\_\_ Offense: \_\_\_\_\_

Start Date: \_\_\_\_\_ Release Date: \_\_\_\_\_

Sentence/Conditions: \_\_\_\_\_

Credit: \_\_\_\_\_ Good Time: \_\_\_\_\_ Judgement of Conviction Received: Yes No

Probation: Yes No Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

By checking this box I am acknowledging that I understand that my acceptance as a Huber Transfer is conditional and that such status may be terminated with or without cause. Further more I understand that if my status as a Huber inmate is terminated immediate return to sentencing County is required.

Please mail this form to: Eau Claire County Jail OR e-mail to: Huber.EM@co.eau-claire.wi.us  
Huber Center  
Attention: Huber Officer OR Fax to: 715-855-6129  
710 Second Ave.  
Eau Claire, WI 54703