

**DODGE COUNTY SHERIFF'S DEPARTMENT
PROGRAMS DIVISION
HUBER PRIVILEGE TRANSFER REQUEST**

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- Form will not be faxed until one week prior to reporting in.
 - You must live & work in the county you want to transfer to.
 - You must be employed in order to transfer.
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Inmate Name: _____ D.O.B _____

Address: _____

Phone: (____) _____ County: _____

Employment Information

Employer: _____ Phone: (____) _____

Address: _____ County: _____

Scheduled work days/hours: _____

Rate of pay: _____ Length of time at this job: _____

Supervisor/owners name: _____

Inmate Sentence Information

County requesting transfer from: Dodge County

To: _____

Offense: _____ Good time: Yes No

Length of sentence: _____ # of good time days: _____

Report in day: _____ Release date: _____

Accepted/Denied

Inmate has been: **ACCEPTED / DENIED** (circle one) as a transfer.

Authorizing Officer: _____ Date: _____

Comments: _____

