

VILLAGE OF HOWARD SEX OFFENDER RESIDENCE BOARD APPEAL FORM

You must type or print answers to every question on this appeal form

PERSONAL INFORMATION

Full name: Kevin J. Dugan
Date of birth: 9-30-57
Current address: NETTLE MORAZINE CORRECTIONAL INSTITUTION
Age/relationship of those who you live with now: inmates at prison
To what address do you wish to move? any available on or after Nov. 12 2013 (1192 Roland Lane) #475-Howard.
Is this a rental property? yes Is your landlord aware that you are a registered sex offender? yes
Age/relationship of those who you plan to live with: plan to live alone
Name of your Dept of Corrections Agent, if applicable: ERIN MURTA

SEXUAL OFFENSE(S)

List every sexual offense on your conviction record and answer the following questions:

SEXUAL OFFENSE #1

Offense Degree (circle one): 1st 2nd 3rd 4th Offense: sexual assault
Offense Date: March 2003 Conviction Date: Oct. 2003 In what county? BROWN
Victim's age: 18 Sentence: 10 yrs in and 10 yrs out Time served: 10 yrs + 10 yrs extended supervision yet
Are you currently under supervision with the Department of Corrections for this offense? yes - 10 years ext sup.

How do you feel this sexual crime affected your victim? (Do not identify victim)
I feel I adversely affected my victim in terms of self worth, esteem, and in trusting others. I can only imagine how out of place and confused she was growing up. She most likely had a very difficult childhood because of what I did. On top of all this she probably has some anger issues which would make it that much harder to deal with life's problems

SEXUAL OFFENSE #2

Offense Degree (circle one): 1st 2nd 3rd 4th Offense:
Offense Date: Conviction Date: In what county?
Victim's age: Sentence: Time served:
Are you currently under supervision with the Department of Corrections for this offense?
How do you feel this sexual crime affected your victim? (Do not identify victim)

SEXUAL OFFENSE #3

Offense Degree (circle one): 1st 2nd 3rd 4th Offense:
Offense Date: Conviction Date: In what county?
Victim's age: Sentence: Time served:
Are you currently under supervision with the Department of Corrections for this offense?
How do you feel this sexual crime affected your victim? (Do not identify victim)

Check here if you have been convicted of four or more sexual offenses, and attach extra sheets listing those offenses

CRIMINAL HISTORY

Are you currently incarcerated? yes If so, when is your expected release date? Nov. 12 2013
List all previous criminal convictions below, including date and location of each offense (attach extra sheets, if needed):

Table with 3 columns: CRIME (Exclude Juvenile Offenses), OFFENSE YEAR, IN WHAT CITY DID THIS OCCUR?
1. DUI '92 ? Green Bay
2. Marijuana possession '88 ? Green Bay
3. DRO '96 Green Bay

I don't have my criminal history so I am unsure of dates and offenses

COMPLETED TREATMENT PROGRAMS

(This confidential part of your appeal will only be available to the Board and not be available to the public)

List the names of any treatment programs you have completed, or answer None if you completed no programs.

<input checked="" type="checkbox"/> Sex Offender <input type="checkbox"/> Anger <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Other	<p>NAME(S) OF TREATMENT PROGRAM(S)</p> <p><u>10 month treatment course at RMCI (SOT2)</u> <u>sex offender program report (DOC-1423) is not available through me but</u> <u>my agent or the doc at Kettle Moraine will have it. if not, I will do my best</u> <u>to get it for you when I am released.</u></p> <p>You must also attach your most recent Sex Offender Program Report (DOC 1423)</p>
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DEPT OF CORRECTIONS AGENT SIGNATURE (IF APPLICABLE)

I HAVE REVIEWED THE INFORMATION COMPLETED BY THE APPLICANT REGARDING THE CRIMINAL HISTORY AND TREATMENT INFORMATION AND BELIEVE THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Agent's Signature: _____ Date: _____

COMMUNITY TIES AND SUPPORT

Have you lived in the Village of Howard before? NO If so, what years? _____

Identify by name which of the following people or groups will support you if you move to the Village of Howard.

<p>NETWORK</p> <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> Work <input checked="" type="checkbox"/> Church <input checked="" type="checkbox"/> Friends <input type="checkbox"/> Other Support	<p>NAMES OF OR RELATIONSHIP TO SUPPORTING PEOPLE/GROUPS</p> <p><u>sons (Kevin, Brandon) daughter (Josephine), Brother Jeff and</u> <u>sister ANN, surviving aunts & uncles and cousins.</u></p> <p><u>do not know till I find work.</u></p> <p><u>do not know which church I hope to attend.</u></p> <p><u>I will most likely acquire a new set of friends and acquaintances</u></p> <p><u>my agent</u></p>
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APPELLANT'S SIGNATURE

BY SIGNING BELOW, I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON THIS APPEAL FORM ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY OMISSIONS OR UNTRUTHFUL STATEMENTS WILL BE GROUNDS FOR DENIAL OF MY APPEAL. FURTHERMORE, I AUTHORIZE THE VILLAGE OF HOWARD TO CONDUCT A CRIMINAL BACKGROUND CHECK AND USE ANY INFORMATION OBTAINED THEREFROM AT MY HEARING. I HOLD HARMLESS AND INDEMNIFY THE VILLAGE OF HOWARD, ITS OFFICERS, AGENTS AND EMPLOYEES, AND ANY PERSONS PROVIDING THE INFORMATION, FROM ANY LIABILITY RELATED TO PERFORMING THE BACKGROUND CHECK.

Appellant's Signature: Kumalayan Date: Nov. 1, 2013

RETURN THIS COMPLETED APPEAL TO: VILLAGE OF HOWARD CLERK, 2456 GLENDALE AVE., GREEN BAY, WI 54313. YOU WILL BE NOTIFIED OF THE DATE AND TIME OF YOUR APPEAL HEARING BEFORE THE VILLAGE OF HOWARD SEX OFFENDER RESIDENCE BOARD, WHICH MAY BE 30-45 DAYS AFTER RECEIPT OF YOUR APPEAL.