

#4

REC'D AUG 15 2013

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: Christopher Lee Reimer
Date of birth: 02/17/1983
Current address: N/A
Age/relationship of those who you live with now: N/A
To what address do you wish to move? Howard Apartments on Velp or Deer Run Apartments on Schanock
Is this a rental property? yes Is your landlord aware that you are a registered sex offender? N/A
Age/relationship of those who you plan to live with: 26.25 Brother and Brothers girlfriend
Name of your Dep't of Corrections Agent, if applicable: N/A

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: False Imprisonment
Offense Date: Nov 1998 Conviction Date: 01/03/1999 In what county? Brown
Victim's age: 16 Sentence: 8 years Time served: 5 years in 3 years out
Are you currently under supervision with the Department of Corrections for this offense? NO

How do you feel this sexual crime affected your victim? (Do not identify victim)

It was a physical unlawful crime that nobody should ever have to go thru in life. I am very sorry for putting this young man thru all the pain and suffering. I did serve my time for the crime and been a civil citizen since then.

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? No If so, when is your expected release date? N/A
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. Physical Abuse of a child 8 years Green Bay
2. False Imprisonment 8 years Green Bay
3. DWI Green Bay

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.

SUBJECT	NAME(S) OF TREATMENT PROGRAM(S)
<input type="checkbox"/> Sex Offender	<u>None</u>
You must also attach your most recent Sex Offender Program Report (DOC 1423)	
<input checked="" type="checkbox"/> Anger	<u>2000 Kettle Morian Correctional</u>
<input checked="" type="checkbox"/> Alcohol	<u>2010 DWI Green Bay N.W.I.C.</u>
<input type="checkbox"/> Drugs	<u>None</u>
<input type="checkbox"/> Other	<u>None</u>

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

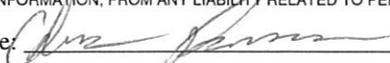
Have you lived in the Village of Howard before? NO If so, what years? N/A

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

NETWORK	NAMES OF OR RELATIONSHIP TO SUPPORTING PEOPLE/GROUPS
<input type="checkbox"/> Family	_____
<input type="checkbox"/> Work	<u>RGL Specialty Services Green Bay WI 54311</u>
<input type="checkbox"/> Church	_____
<input type="checkbox"/> Friends	_____
<input type="checkbox"/> Other Support	_____

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:  Date: 08/15/2013

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.