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:_____
Date of birth:_____
Current address: _____
Age/relationship of those who you **live with now**: _____
To what address do you wish to move ? _____
Is this a rental property ? _____ Is your landlord aware that you are a registered sex offender ? _____
Age/relationship of those who you **plan to live with**: _____
Name of your Dep't of Corrections Agent, if applicable:_____

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 : _____
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 #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? _____ If so, when is your expected release date ? _____
List all previous criminal convictions below, including date and location of each offense (attach extra sheets, if needed):

CRIME (Exclude Juvenile Offenses)	OFFENSE YEAR	IN WHAT CITY DID THIS OCCUR ?
1._____	_____	_____
2._____	_____	_____
3._____	_____	_____
4._____	_____	_____
5._____	_____	_____

COMPLETED TREAMTMENT 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)**
☐	Sex Offender	_____
		_____
		_____

You must also attach your most recent Sex Offender Program Report (DOC 1423)

☐	Anger	_____
		_____
☐	Alcohol	_____
		_____
☐	Drugs	_____
		_____
☐	Other	_____
		_____

DEP'T 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 ? _____ 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.

	NETWORK	**NAMES OF OR RELATIONSHIP TO SUPPORTING PEOPLE/GROUPS**
☐	Family	_____
		_____
☐	Work	_____
		_____
☐	Church	_____
		_____
☐	Friends	_____
		_____
☐	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: _____

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.