

# VILLAGE OF MOUNT PLEASANT SEX OFFENDER RESIDENCY BOARD APPEAL FORM

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

## PERSONAL INFORMATION

Full name: \_\_\_\_\_

Current address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Age/relationship of those who you **live with now**: \_\_\_\_\_

To what address do you wish to move? \_\_\_\_\_

Attach a letter from the property owner which shows that he/she is willing to rent to you and knows you are a registered sex offender. **Your appeal will not be heard until you provide such proof.**

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 (adjudication) record and answer the following questions:

**SEXUAL OFFENSE #1** Conviction type:  ADULT  JUVENILE

Offense Degree (circle one): **1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup>** 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** Conviction type:  ADULT  JUVENILE

Offense Degree (circle one): **1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup>** 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** Conviction type:  ADULT  JUVENILE

Offense Degree (circle one): **1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup>** 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, attach extra sheets listing those offenses

\_\_\_ Check here if you have had offenses read in at conviction or adjudication of a crime, attach list/dates.

## 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. _____	_____	_____

**COMPLETED AND ONGOING 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 and that are ongoing and attach a document proving that you have completed or are attending that treatment program**, or answer "None" if you completed no programs. **THE BOARD WILL ASSUME YOU HAVE NOT COMPLETED A TREATMENT PROGRAM UNLESS YOU PROVIDE A DOCUMENT WHICH PROVES YOU HAVE COMPLETED THE TREATMENT PROGRAM AND YOUR DOC AGENT SIGNS BELOW.**

<b>SUBJECT</b>	<b>NAME(S) AND DATES OF COMPLETED/ONGOING TREATMENT PROGRAM(S)</b>
<input type="checkbox"/> Sex Offender	_____
	_____
<input type="checkbox"/> Anger	_____
	_____
<input type="checkbox"/> Alcohol	_____
	_____
<input type="checkbox"/> Drugs	_____
	_____
<input type="checkbox"/> Other	_____
	_____

**DEP'T OF CORRECTIONS AGENT SIGNATURE (REQUIRED)**

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 Mount Pleasant before? \_\_\_\_ If so, what years? \_\_\_\_\_

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

<b>NETWORK</b>	<b>NAMES OF AND RELATIONSHIP TO YOU OF SUPPORTING PEOPLE/GROUPS</b>
<input type="checkbox"/> Family	_____
	_____
<input type="checkbox"/> Work	_____
	_____
<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 MOUNT PLEASANT TO CONDUCT A CRIMINAL BACKGROUND CHECK AND USE ANY INFORMATION OBTAINED THEREFROM AT MY HEARING. I HOLD HARMLESS AND INDEMNIFY VILLAGE OF MOUNT PLEASANT, 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 MOUNT PLEASANT, 8811 Campus Drive, Mount Pleasant, WI 53406.**  
YOU WILL BE NOTIFIED OF THE DATE AND TIME OF YOUR APPEAL HEARING BEFORE THE MOUNT PLEASANT  
SEX OFFENDER RESIDENCY BOARD, WHICH MAY BE 30-45 DAYS AFTER RECEIPT OF YOUR APPEAL.