

UNION GROVE 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?
Is this a rental property? If yes, attach a letter from the landlord which shows willingness to rent to you and knowledge that 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:

SEXUAL OFFENSE(S)

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

SEXUAL OFFENSE #1 Conviction Type: [ ] ADULT
Offense Degree (circle one): 1st 2nd 3rd Offense:
Offense Date: Conviction Date: in what County:
Victim's Age: Sentence: Time Served:
Are you currently under supervision with the Dept of Corrections for this offense?

SEXUAL OFFENSE #2 Conviction Type: [ ] ADULT
Offense Degree (circle one): 1st 2nd 3rd Offense:
Offense Date: Conviction Date: in what County:
Victim's Age: Sentence: Time Served:
Are you currently under supervision with the Dept of Corrections for this offense?

[ ] Check here if you have been convicted of three (3) 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):

Table with 3 columns: CRIME (Exclude Juvenile Offenses), OFFENSE YEAR, IN WHAT CITY DID THIS OCCUR? and 4 rows of numbered entries.

## 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** and **attach a document** proving that you have complete that treatment program, or answer "None" if you have not completed any 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 D.O.C. AGENT SIGNS BELOW

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

## DEPT OF CORRECTIONS AGENT SIGNATURE (REQUIRED)

I hereby confirm that I am the agent working with or otherwise assigned to the Applicant named hereon.

Agent's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## COMMUNITY TIES AND SUPPORT

Have you lived in Union Grove? \_\_\_\_\_ If so, what years? \_\_\_\_\_

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

	NETWORK	NAME(S) OF, AND RELATIONSHIP TO, SUPPORTING PEOPLE/GROUPS
<input type="checkbox"/>	Family	_____ _____
<input type="checkbox"/>	Work	_____ _____
<input type="checkbox"/>	Church	_____ _____
<input type="checkbox"/>	Friends	_____ _____
<input type="checkbox"/>	Other	_____ _____

## 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 **GOODS FOR DENIAL** of my appeal. Furthermore, I authorize the Village of Union Grove to conduct a Criminal Background Check and use any information obtained therefrom at my hearing.

I **Hold Harmless** and **Indemnify** the Village of Union Grove, 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 AND REQUIRED DOCUMENTATION TO:

Union Grove Village Clerk, 925 15th Ave., Union Grove, WI 53182

You will be notified of the Date and Time of your Appeal Hearing before the Sex Offender Residency Appeals Board, which may be 30-45 days after receipt of your appeal. You are required to notify us of any mailing address changes during this process.