

CITY OF ELKHORN
SEX OFFENDER RESIDENCE COMMITTEE OF THE WHOLE 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 OFFENSES

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)

SEXUAL OFFENSE #4

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

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 have completed no programs.

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

	You must also attach your most recent Sex Offender Program Report (DOC 1423)
<input type="checkbox"/> Anger	_____

<input type="checkbox"/> Alcohol	_____

<input type="checkbox"/> Drugs	_____

<input type="checkbox"/> Other	_____

DEPARTMENT 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: _____

Print Name: _____ Telephone: _____

COMMUNITY TIES AND SUPPORT

Have you lived in the City of Elkhorn before? _____ If so, what years? _____

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

NETWORK	NAMES OF OR 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 Support	_____

Are you currently incarcerated? _____ If so, when is your expected release date? _____

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 CITY OF ELKHORN TO CONDUCT A CRIMINAL BACKGROUND CHECK AND USE ANY INFORMATION OBTAINED THEREFROM AT MY HEARING. I HOLD HARMLESS AND INDEMNIFY THE CITY OF ELKHORN, 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: **CITY OF ELKHORN CLERK, 9 S. BROAD ST., PO BOX 920, ELKHORN, WI 53121**
YOU WILL BE NOTIFIED OF THE DATE AND TIME OF YOUR APPEAL HEARING BEFORE THE CITY OF ELKHORN COMMITTEE OF THE WHOLE, WHICH MAY BE 30-45 DAYS AFTER RECEIPT OF YOUR APPEAL.