

LITTLE CHUTE SEX OFFENDER RESIDENCE BOARD APPEAL FORM

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

You must also include on another sheet of paper a personal statement of your offense(s) and the reason(s) your appeal should be considered by the Sexual Offender Residency Board

PERSONAL INFORMATION

Full name: _____

Date of birth: _____ Phone Number: _____

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: _____

Are you required to register as a sex offender due to a juvenile conviction? _____

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.	_____	_____	_____

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)

☐ Sex Offender _____

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

☐ Anger _____

☐ Alcohol _____

☐ Drugs _____

☐ Other _____

LANDLORD INFORMATION

Name _____ Phone Number _____

Address _____

COMMUNITY TIES AND SUPPORT

Have you lived in Little Chute before? _____ If so, what years? _____

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

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 LITTLE CHUTE TO CONDUCT A CRIMINAL BACKGROUND CHECK AND USE ANY INFORMATION OBTAINED THEREFROM AT MY HEARING. I HOLD HARMLESS AND INDEMNIFY THE VILLAGE OF LITTLE CHUTE, 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 LITTLE CHUTE CLERK, 108 W. MAIN ST., LITTLE CHUTE, WI 54140.**
YOU WILL BE NOTIFIED OF THE DATE AND TIME OF YOUR APPEAL HEARING BEFORE THE LITTLE CHUTE SEX OFFENDER RESIDENCE BOARD, WHICH MAY BE 30-45 DAYS AFTER RECEIPT OF YOUR APPEAL.