

VILLAGE OF CALEDONIA SEX OFFENDER  
RESIDENCY BOARD APPEAL FORM

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

For Office Use Only:  
Date Received: \_\_\_\_\_  
Received by: (Initials) \_\_\_\_\_  
Application Complete: \_\_\_\_\_  
Applicant Notified: \_\_\_\_\_  
Application fee (\$25.00) Paid: \_\_\_\_\_

**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 and Phone Number 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/state? \_\_\_\_\_  
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)  
\_\_\_\_\_  
\_\_\_\_\_

In your own words describe what you did that resulted in charges against you and who the victim was to you (do not identify victim by name).  
\_\_\_\_\_  
\_\_\_\_\_

**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/state? \_\_\_\_\_  
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)  
\_\_\_\_\_  
\_\_\_\_\_

In your own words describe what you did that resulted in charges against you and who the victim was to you (do not identify victim by name).  
\_\_\_\_\_  
\_\_\_\_\_

**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/state? \_\_\_\_\_  
 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)

In your own words describe what you did that resulted in charges against you and who the victim was to you (do not identify victim by name).

\_\_\_\_ 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/adjudication of a crime, attach list/dates.

Attach copies of Judgment of Conviction (Adjudication) and copies of the official complaints/ police reports.

**CRIMINAL AND OTHER HISTORY**

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

List all previous crime/municipal convictions/judgments 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.

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

**DEPARTMENT 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: \_\_\_\_\_

Print name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Address: \_\_\_\_\_

**COMMUNITY TIES AND SUPPORT**

Have you lived in Caledonia before? \_\_\_\_\_ If so, what years? \_\_\_\_\_

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

**NETWORK NAMES OF AND RELATIONSHIP TO YOU OF 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 CALEDONIA TO CONDUCT A CRIMINAL BACKGROUND CHECK AND USE ANY INFORMATION OBTAINED THEREFROM AT MY HEARING. I HOLD HARMLESS AND INDEMNIFY VILLAGE OF CALEDONIA, 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 CALEDONIA, 5043 CHESTER LANE, RACINE, WI 53402.**

YOU WILL BE NOTIFIED OF THE DATE AND TIME OF YOUR APPEAL HEARING BEFORE THE CALEDONIA SEX OFFENDER RESIDENCY BOARD, WHICH MAY BE 30-45 DAYS AFTER RECEIPT OF YOUR APPEAL AND YOUR APPLICATION IS COMPLETE.