

VILLAGE OF CALEDONIA

TO: **Appellants for Sex Offender Residency Appeal**

The appellants for a Sex Offender Residency Appeal **must submit a complete application before a hearing can be scheduled**. Please read the application carefully and thoroughly to ensure it is completed properly.

For your application complete all checkmarks listed and **include requested attachments**:

- SECTION A – Personal Information; Caledonia Address; Citation information (date and contact name); Property Type (If rental please attach acknowledgement letter from the property owner – **this includes significant others who may own the home**); Age, name and relationship of those you'll be living with.

- SECTION B – List **every** sexual offense on your conviction record. If you have been convicted of four or more sexual offenses, attach extra sheets listing those offenses. **Attach copies of Judgment of Conviction (Adjudication) and copies of the official complaints/ police reports.**

- SECTION C – List **all** previous criminal convictions (exclude juvenile offenses). If more space is needed, attach an extra sheet.

- SECTION D – 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, or answer “None” if you completed no programs. **(IF NO RECORD IS AVAILABLE, PLEASE SUBMIT A TYPED RESPONSE INDICATING WHY YOU WERE NOT ABLE TO OBTAIN THE DOCUMENTS. INCLUDE A NAME AND PHONE NUMBER OF THE PERSON YOU SPOKE TO WHO TOLD YOU THE RECORDS ARE NOT AVAILABLE.)**

- SECTION E – Please provide the **name and phone number** of the following people/groups that will support you move to Caledonia.

- SECTION F – Sign and date the application

VILLAGE OF CALEDONIA SEX OFFENDER
RESIDENCY BOARD APPEAL APPLICATION

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

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

SECTION A

PERSONAL INFORMATION

Full name: _____
Current address: _____
Date of birth: _____ Telephone #: (____) _____ - _____
Age/Name/Relationship of those who you **live with now**: _____
To what address do you wish to move? _____
Have you received a citation/or been in contact with the Village of Caledonia law enforcement regarding this property?
If yes, provide a date and contact name _____
Is this a rental property (or a property you DO NOT own)? _____ If yes 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/Name/Relationship of those who you **plan to live with**: _____
Name and Phone Number of your Dep't of Corrections Agent, if applicable: _____

SECTION B

SEXUAL OFFENSE(S)

List **every** sexual offense on your conviction (adjudication) record and answer the following questions:

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

SEXUAL OFFENSE #1 Conviction type: ADULT JUVENILE
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)

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): **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)

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): **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)

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.

SECTION C

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/STATE DID THIS OCCUR?
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

SECTION D

COMPLETED AND ONGOING TREATMENT PROGRAMS (if applicable)

(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. IF NO RECORD IS AVAILABLE, PLEASE SUBMIT A TYPED RESPONSE INDICATING WHY YOU WERE NOT ABLE TO OBTAIN THE DOCUMENTS.**

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

Other _____

SECTION E

COMMUNITY TIES AND SUPPORT

Identify by name which of the following people or groups will support you if you move to Caledonia. Please provide a contact number for the individuals/support group.

NETWORK	NAMES OF AND RELATIONSHIP TO YOU OF SUPPORTING PEOPLE/GROUPS/PHONE NUMBERS
<input type="checkbox"/> Family	_____ _____
<input type="checkbox"/> Work	_____ _____
<input type="checkbox"/> Church	_____ _____
<input type="checkbox"/> Friends	_____ _____
<input type="checkbox"/> Other Support	_____ _____

SECTION F

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.