

DENMARK SEX OFFENDER RESIDENCE 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? _____

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 of your Dep't of Corrections Agent, if applicable: _____

SEXUAL OFFENSE(S)

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

***Please provide any relevant documentation that you wish the board to consider**

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)

SEXUAL OFFENSE # 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)

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)

☐ 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

(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 completed 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.

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	_____

DEP'T 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: _____

COMMUNITY TIES AND SUPPORT

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

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

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	_____

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 DENMARK TO CONDUCT A CRIMINAL BACKGROUND CHECK AND USE ANY INFORMATION OBTAINED THEREFROM AT MY HEARING. I HOLD HARMLESS AND INDEMNIFY THE VILLAGE OF DENMARK, 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 DENMARK CLERK, 100 N WALL ST., DENMARK, WI 54208**. YOU WILL BE NOTIFIED OF THE DATE AND TIME OF YOUR APPEAL HEARING BEFORE THE VILLAGE OF DENMARK SEX OFFENDER RESIDENCE BOARD, WHICH MAY BE 30-45 DAYS AFTER RECEIPT OF YOUR APPEAL.