



2009, 2010 SEX OFFENDER RESIDENCY APPEALS BOARD MEETING DATES & APPLICATION DEADLINES

The Sex Offender Residency Appeals Board will meet the first Wednesday of each month if there is an applicant wishing to come before the Board. The meetings will be at 6:30 p.m. at Village Hall, 2456 Glendale Ave. Green Bay, WI 54313.

S.O.R. Meeting Date	Application Deadline
October 7, 2009	September 28, 2009
November 4, 2009	October 26, 2009
December 2, 2009	November 23, 2009
January 6, 2010	December 28, 2009
February 3, 2010	January 25, 2010
March 3, 2010	February 22, 2010
April 7, 2010	March 29, 2010
May 5, 2010	April 26, 2010
June 2, 2010	May 24, 2010
July 7, 2010	June 28, 2010
August 4, 2010	July 26, 2010
September 1, 2010	August 23, 2010
October 6, 2010	September 27, 2010
November 3, 2010	October 25, 2010
December 1, 2010	November 22, 2010

* All meetings dates are subject to change at the discretion of Village officials

Please be advised that all required materials associated with the application must be submitted to Village Hall by the date specified above for the respective meeting date. This time schedule allows for required background check and provides adequate time for Village staff to review the applications for potential problems.

VILLAGE OF HOWARD SEX OFFENDER RESIDENCE BOARD 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 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. _____	_____	_____
5. _____	_____	_____

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)
<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	_____

DEPT 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: _____

COMMUNITY TIES AND SUPPORT

Have you lived in the Village of Howard before ? _____ If so, what years ? _____

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

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 HOWARD TO CONDUCT A CRIMINAL BACKGROUND CHECK AND USE ANY INFORMATION OBTAINED THEREFROM AT MY HEARING. I HOLD HARMLESS AND INDEMNIFY THE VILLAGE OF HOWARD, 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 HOWARD CLERK, 2456 GLENDALE AVE., GREEN BAY, WI 54313.**
YOU WILL BE NOTIFIED OF THE DATE AND TIME OF YOUR APPEAL HEARING BEFORE THE VILLAGE OF HOWARD SEX OFFENDER RESIDENCE BOARD, WHICH MAY BE 30-45 DAYS AFTER RECEIPT OF YOUR APPEAL.