



GREEN BAY 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 #: (_____) _____ - _____

Email Address, if applicable: _____

Age/relationship of who you **currently live with**: _____

*The address you wish to move to? _____

***Required information, your appeal will not be considered complete without an address.**

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:

SEXUAL OFFENSE #1 Conviction type: ADULT JUVENILE

Offense Degree (circle one): **1st 2nd 3rd 4th** Offense: _____

Offense Date: _____ Conviction Date: _____ 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)**

SEXUAL OFFENSE #2 Conviction type: ADULT JUVENILE

Offense Degree (circle one): **1st 2nd 3rd 4th** Offense: _____

Offense Date: _____ Conviction Date: _____ 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)**

SEXUAL OFFENSE #3 Conviction type: ADULT JUVENILE

Offense Degree (circle one): **1st 2nd 3rd 4th** Offense: _____

Offense Date: _____ Conviction Date: _____ 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)**

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, COUNTY, STATE?

1. _____

2. _____
 3. _____

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 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. IF YOU DO NOT HAVE VERIFICATION DOCUMENTS AT THE TIME YOU SUBMIT THIS APPLICATION, THEY MUST BE PRESENTED TO THE BOARD AT THE SCHEDULED MEETING.

<input type="checkbox"/> SUBJECT	NAME(S) OF COMPLETED TREATMENT PROGRAM(S)
<input type="checkbox"/> Sex Offender	_____
<input type="checkbox"/> Anger Mgmt.	_____
<input type="checkbox"/> Alcohol	_____
<input type="checkbox"/> Drugs	_____

COMMUNITY TIES AND SUPPORT

Have you ever lived in Green Bay? _____ If yes, what years? _____

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

<input type="checkbox"/> 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 CITY OF GREEN BAY TO CONDUCT A CRIMINAL BACKGROUND CHECK AND USE ANY INFORMATION OBTAINED THEREFROM AT MY HEARING. I HOLD HARMLESS AND INDEMNIFY THE CITY OF GREEN BAY, 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: **CITY OF GREEN BAY CLERK, 100 N. JEFFERSON ST., RM. 106, GREEN BAY, WI 54301.** YOU WILL BE NOTIFIED OF THE DATE AND TIME OF YOUR APPEAL HEARING BEFORE THE GREEN BAY SEX OFFENDER RESIDENCE BOARD, WHICH MAY BE 30-45 DAYS AFTER RECEIPT OF YOUR APPEAL.