

RACINE SEX OFFENDER RESIDENCY BOARD FORM

You must type or print answers to every question on this 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?
Is this a rental property? If yes, attach a letter from the landlord which shows willingness to rent to you and knowledge that 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:

SEXUAL OFFENSE(S)

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

SEXUAL OFFENSE #1 Conviction Type: ADULT
Offense Degree (circle one): 1st 2nd 3rd Offense:
Offense Date: Conviction Date: in what County:
Victim's Age: Sentence: Time Served:
Are you currently under supervision with the Dept of Corrections for this offense?

SEXUAL OFFENSE #2 Conviction Type: ADULT
Offense Degree (circle one): 1st 2nd 3rd Offense:
Offense Date: Conviction Date: in what County:
Victim's Age: Sentence: Time Served:
Are you currently under supervision with the Dept of Corrections for this offense?

Check here if you have been convicted of three (3) 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):

Table with 3 columns: CRIME (Exclude Juvenile Offenses), OFFENSE YEAR, IN WHAT CITY DID THIS OCCUR? and 4 rows for listing offenses.

DOCUMENTS REQUIRED TO BE SUBMITTED WITH THIS FORM

1) a letter from the new landlord which shows willingness to rent to you and knowledge that you are a registered sex offender; 2) a copy of the Criminal Complaint and Judgment of Conviction for your sex offense(s); 3) a copy of the police reports investigating the sex offense(s); AND 4) documentation verifying the status of any Sex Offender Treatment or other mental health counseling.

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 complete that treatment program, or answer "None" if you have not completed any 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 D.O.C. 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	_____

DEPT OF CORRECTIONS AGENT

Identify the name and phone number of the Agent to whom you will be reporting while living in Racine, if applicable.

Agent's Name: _____ Phone #: (_____) _____ - _____

COMMUNITY TIES AND SUPPORT

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

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

	NETWORK	NAME(S) OF, AND 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	_____

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 **GROUND FOR DENIAL** of my appeal. Furthermore, I authorize the City of Racine to conduct a Criminal Background Check and use any information obtained therefrom at my hearing.

I Hold Harmless and Indemnify the City of Racine, 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 AND REQUIRED DOCUMENTATION TO:

Racine City Clerk, 730 Washington Avenue, Racine, Wisconsin 53403

You will be notified of the Date and Time of your Appeal Hearing before the Racine Sex Offender Residency Board, which may be 30-45 days after receipt of your appeal. You are required to notify us of any mailing address changes during this process.