

**CITY OF ELKHORN**  
**SEX OFFENDER RESIDENCE COMMITTEE OF THE WHOLE 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 OFFENSES**

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)

**SEXUAL OFFENSE #4**

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

**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 have completed no programs.

<b>SUBJECT</b>	<b>NAME(S) OF TREATMENT PROGRAM(S)</b>
<input type="checkbox"/> Sex Offender	_____
	_____
	_____
	<b>You must also attach your most recent Sex Offender Program Report (DOC 1423)</b>
<input type="checkbox"/> Anger	_____
	_____
<input type="checkbox"/> Alcohol	_____
	_____
<input type="checkbox"/> Drugs	_____
	_____
<input type="checkbox"/> Other	_____
	_____

**DEPARTMENT 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: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**COMMUNITY TIES AND SUPPORT**

Have you lived in the City of Elkhorn before? \_\_\_\_\_ If so, what years? \_\_\_\_\_

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

<b>NETWORK</b>	<b>NAMES OF OR RELATIONSHIP TO SUPPORTING PEOPLE/GROUPS</b>
<input type="checkbox"/> Family	_____
	_____
<input type="checkbox"/> Work	_____
	_____
<input type="checkbox"/> Church	_____
	_____
<input type="checkbox"/> Friends	_____
	_____
<input type="checkbox"/> Other Support	_____
	_____

Are you currently incarcerated? \_\_\_\_\_ If so, when is your expected release date? \_\_\_\_\_

**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 ELKHORN TO CONDUCT A CRIMINAL BACKGROUND CHECK AND USE ANY INFORMATION OBTAINED THEREFROM AT MY HEARING. I HOLD HARMLESS AND INDEMNIFY THE CITY OF ELKHORN, 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 ELKHORN CLERK, 311 SEYMOUR CT., PO BOX 920, ELKHORN, WI 53121**  
YOU WILL BE NOTIFIED OF THE DATE AND TIME OF YOUR APPEAL HEARING BEFORE THE CITY OF ELKHORN COMMITTEE OF THE WHOLE.