

KIMBERLY SEX OFFENDER RESIDENCE BOARD APPEAL FORM

1. You **MUST type** or **print** answers to **EVERY** question on this form and questionnaire.
2. Return this completed appeal form to: Village of Kimberly Clerk, 515 W. Kimberly Avenue, Kimberly, WI 54136
3. You will then be scheduled for an Appeal Hearing before the Kimberly Sex Offender Residence Board. This could be 30 – 45 days after receipt of your appeal form.

PERSONAL INFORMATION

Full name: _____
Date of birth: _____ Phone #: _____ Cell #: _____
Email Address: _____
Current address: _____
City, State, Zip: _____ How long have you lived here? _____
Name, Relationship & Age of who you **live with now**: _____

Address you want to move to: _____, Kimberly
Name, Relationship & Age of who you **plan to live with**: _____

Landlord Name: _____ Phone #: _____
Does your landlord know you are a registered sex offender? _____
Most recent employer: _____
Job Title _____ Dates of employment: _____
2nd most recent employer: _____
Job Title _____ Dates of employment: _____
Vehicle Make & Model _____ License Plate # _____

COMMUNITY TIES AND SUPPORT

Have you lived in Kimberly before? _____ If so, what years? _____
Identify by name people or groups that will support you if you move to Kimberly. Put an **X** next to your "personal contact" (the person that would most likely be able to reach you if we couldn't).

List NAME, CONTACT NUMBER & your ASSOCIATION to them (family, friend, work, church, support group etc.).

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)

What treatment programs have you **completed**? If none completed -answer "None".

ALSO attach your most recent Sex Offender Program Report (DOC 1423), if available.

List: NAME OF TREATMENT PROGRAM, PROGRAM CATEGORY (sex offender, anger, alcohol, drug, etc.) & WHEN COMPLETED.

1. _____
2. _____
3. _____
4. _____
5. _____

SEXUAL OFFENSE(S)

Were you convicted as a juvenile when you were ordered to register as a sex offender? _____
List **every** sexual offense on your conviction record and answer the following questions:

SEXUAL OFFENSE #1 Does this require sex offender registration? _____ For how long? _____

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

Sentencing	Jail	Probation	Supervision	Other:_____
Time Ordered/Served:				
Completion date:				

Current Supervisor or P.O. for this offense (Name & Phone #) _____
Victim's age at the time? _____ How do you think this affected them? **(Do not identify victim)**

SEXUAL OFFENSE #2 Does this require sex offender registration? _____ For how long? _____

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

Sentencing	Jail	Probation	Supervision	Other:_____
Time Ordered/Served:				
Completion date:				

Current Supervisor or P.O. for this offense (Name & Phone #) _____
Victim's age at the time? _____ How do you think this affected them? **(Do not identify victim)**

For additional offenses, check box and attach extra sheets using the same format as above.

CRIMINAL HISTORY

Are you currently incarcerated? _____ If so, when is your expected release date? _____
List all previous criminal, drug or alcohol related convictions below (not general traffic violations):

	CRIME (Exclude Juvenile Offenses)	OFFENSE YEAR	COUNTY & STATE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

For additional convictions, check box and attach extra sheets using the same format as above.

