

# 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: \_\_\_\_\_  
2<sup>nd</sup> 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: \_\_\_\_\_

<b>Sentencing</b>	<b>Jail</b>	<b>Probation</b>	<b>Supervision</b>	<b>Other:_____</b>
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: \_\_\_\_\_

<b>Sentencing</b>	<b>Jail</b>	<b>Probation</b>	<b>Supervision</b>	<b>Other:_____</b>
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):

	<b>CRIME (Exclude Juvenile Offenses)</b>	<b>OFFENSE YEAR</b>	<b>COUNTY &amp; STATE</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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

