



Village of Pleasant Prairie Sex Offender Residence Board -- Appeal Form

INSTRUCTIONS – Return the completed Appeal form to the **Village Clerk’s Office**. Attach a copy for each offense: Judgment of Conviction, Criminal Complaint, and Certificate of Treatment (current and/or completed). If the address you are requesting to move to within the Village’s jurisdiction is a rental property, provide a letter from the Landlord showing willingness to rent to you and knowledge that you are a sex offender. **YOUR APPEAL WILL NOT BE HEARD UNTIL ALL DOCUMENTATION IS RECEIVED.** You will be notified of the date and time of your appeal hearing before the Village of Pleasant Prairie’s Sex Offender Residence Board, which may be 30 – 45 days after receipt of your appeal.

APPELLANT INFORMATION

NAME (FIRST, MIDDLE, LAST)

FORMER/MAIDEN NAME/ALIAS

CURRENT ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMER

DATE OF BIRTH

WHAT ADDRESS DO YOU WISH TO MOVE TO?

IS THE ABOVE ADDRESS RENTAL PROPERTY? YES NO IF, **YES**, PROVIDE LETTER FROM 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 LIVE WITH NOW AND THOSE YOU PLAN TO LIVE WITH AT THE ABOVE ADDRESS.

RELATIONSHIP	AGE	LIVE WITH NOW AT CURRENT ADDRESS		PLAN TO LIVE WITH AT ABOVE ADDRESS	
		YES	NO	YES	NO
		YES	NO	YES	NO
		YES	NO	YES	NO
		YES	NO	YES	NO
		YES	NO	YES	NO
		YES	NO	YES	NO
		YES	NO	YES	NO

SEXUAL OFFENSE(S) LIST EVERY SEXUAL OFFENSE ON YOUR CONVICTION RECORD AND ANSWER THE FOLLOWING QUESTIONS.

Additional space needed check box if sheet(s) attached. Be sure to report exact information requested.

SEXUAL OFFENSE #1	<input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE	OFFENSE DEGREE (circle one) 1 ST 2 ND 3 RD
OFFENSE DESCRIPTION		
OFFENSE DATE	CONVICTION DATE	COUNTY
		VICTIM’S AGE
		SENTENCE
		TIME SERVED

ARE YOU CURRENTLY UNDER SUPERVISION WITH THE DEPARTMENT OF CORRECTIONS FOR THIS OFFENSE? YES NO

HOW DO YOU FEEL THIS SEXUAL CRIME AFFECTED YOUR VICTIM? (Do not identify victim)

SEXUAL OFFENSE #2	<input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE	OFFENSE DEGREE (circle one) 1 ST 2 ND 3 RD
OFFENSE DESCRIPTION		
OFFENSE DATE	CONVICTION DATE	COUNTY
		VICTIM’S AGE
		SENTENCE
		TIME SERVED

ARE YOU CURRENTLY UNDER SUPERVISION WITH THE DEPARTMENT OF CORRECTIONS FOR THIS OFFENSE? YES NO

HOW DO YOU FEEL THIS SEXUAL CRIME AFFECTED YOUR VICTIM? (Do not identify victim)

CRIMINAL HISTORY LIST ALL PREVIOUS CRMIINAL CONVICTIONS BELOW: additional space needed check box if sheet(s) attached.

CRIME	OFFENSE YEAR	LOCATION

COMPLETED TREATMENT PROGRAM(S) (Confidential portion only available to Board not to Public)

LIST THE NAMES OF ANY TREATMENT PROGRAMS YOU HAVE COMPLETED AND ATTACH A DOCUMENT PROVIING THAT YOU HAVE COMPLETED THAT TREATMENT PROGRAM, OR ANSWER "NONE" IF YOU COMPLETED NO PROGRAMS. **NOTE: THE BOARD WILL PRESUME THAT YOU HAVE NOT COMPLETED A TREATMENT PROGRAM UNLESS YOU PROVIDE DOCUMENTATION WHICH PROVES YOU HAVE COMPLETED THE TREATMENT PROGRAM AND YOUR DEPARTMENT OF CORRECTIONS 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	

DEPARTMENT OF CORRECTIONS AGENT SIGNATURE (Required)

I HAVE REVIEWED THE INFORMAITON COMPLETED BY THE APPELLANT REGARDING THE CRIMINAL HISTORY AND TREATMENT INFORMATION AND BELIEVE THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE ►

PRINT ► DATED ►

COMMUNITY (TIES) AND SUPPORT

HAVE YOU LIVED IN THE VILLAGE OF PLEASANT PRAIRIE BEFORE? ? YES NO IF YES, WHAT YEARS?

IDENTIFY BY NAME WHICH OF THE PEOPLE OR GROUPS WILL SUPPORT YOU IF YOU MOVE TO THE VILLAGE OF PLEASANT PRAIRIE

	NETWORK	NAME(S) OF COMPLETED TREATMENT PROGRAM(S)
<input type="checkbox"/>	FAMILY	
<input type="checkbox"/>	WORK	
<input type="checkbox"/>	CHURCH	
<input type="checkbox"/>	FRIENDS	
<input type="checkbox"/>	OTHER SUPPORT	

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 VILLAGE OF PLEASANT PRAIRIE TO CONDUCT A CRIMINAL BACKGROUND CHECK AND USE ANY INFORMATION OBTAINED THEREFROM AT MY HEARING. I HOLD HARLMESS AND INDEMNIFY THE VILLAGE OF PLEASANT PRAIRIE, ITS OFFICERS, AGENTS AND EMPLOYEES, AND ANY PERSONS PROVIDING THE INFORMATION, FROM ANY LIABILITY RELATED TO PERFORMING THE BACKGROUND CHECK.

SIGNATURE ►

PRINT ► DATED ►

RETURN TO

**Village Clerk's Office
Village Hall
9915 39th Avenue
Pleasant Prairie, WI 53158
(262)694-1400**