

TOWN OF PARIS SEX OFFENDER  
RESIDENCY BOARD APPEAL APPLICATION

You must **type** or **print** answers to every question on this appeal application.

For Office Use Only:  
Date Received: \_\_\_\_\_  
Received by: (Initials) \_\_\_\_\_  
Application Complete: \_\_\_\_\_  
Applicant Notified: \_\_\_\_\_

**SECTION A**

**PERSONAL INFORMATION**

Full name: \_\_\_\_\_  
Current address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Age/Name/Relationship of those who you **live with now**: \_\_\_\_\_  
To what address do you wish to move? \_\_\_\_\_  
Is this a rental property (or a property you DO NOT own)? \_\_\_\_\_ If yes attach a letter from the property owner which shows that he/she is willing to rent to you and knows you are a registered sex offender. **Your appeal will not be heard until you provide such proof.**  
Age/Name/Relationship of those who you **plan to live with**: \_\_\_\_\_  
Name and Phone Number of your Dep't of Corrections Agent, if applicable: \_\_\_\_\_

**SECTION B**

**SEXUAL OFFENSE(S)**

List **every** sexual offense on your conviction (adjudication) record and answer the following questions:

**SEXUAL OFFENSE #1** Conviction type:  ADULT  JUVENILE  
Offense Degree (circle one): 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 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)

\_\_\_\_\_

In your own words describe what you did that resulted in charges against you and who the victim was to you (do not identify victim by name).

**SEXUAL OFFENSE #2** Conviction type:  ADULT  JUVENILE  
Offense Degree (circle one): 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 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)

\_\_\_\_\_

In your own words describe what you did that resulted in charges against you and who the victim was to you (do not identify victim by name).

**SEXUAL OFFENSE #3 Conviction type:**  ADULT  JUVENILE  
 Offense Degree (circle one): **1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup>** 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)  
 \_\_\_\_\_  
 \_\_\_\_\_

In your own words describe what you did that resulted in charges against you and who the victim was to you (do not identify victim by name).  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_ Check here if you have been convicted of four or more sexual offenses, attach extra sheets listing those offenses  
 \_\_\_ Check here if you have had offenses read in at conviction/adjudication of a crime, attach list/dates.  
**Attach copies of Judgment of Conviction (Adjudication) and copies of the official complaints/ police reports.**

**SECTION C**

**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):

CRIME (Exclude Juvenile Offenses)	OFFENSE YEAR	IN WHAT CITY/STATE DID THIS OCCUR?
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**SECTION D**

**COMPLETED AND ONGOING TREATMENT PROGRAMS (if applicable)**

*(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 that are ongoing and attach a document proving that you have completed or are attending that treatment program**, or answer "None" if you completed no 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 DOC AGENT SIGNS BELOW. IF NO RECORD IS AVAILABLE, PLEASE SUBMIT A TYPED RESPONSE INDICATING WHY YOU WERE NOT ABLE TO OBTAIN THE DOCUMENTS.**

<u>SUBJECT</u>	NAME(S) AND DATES OF COMPLETED/ONGOING TREATMENT PROGRAM(S)
<input type="checkbox"/> Sex Offender	_____ _____
<input type="checkbox"/> Anger	_____ _____
<input type="checkbox"/> Alcohol	_____ _____

- Drugs \_\_\_\_\_  
\_\_\_\_\_
- Other \_\_\_\_\_  
\_\_\_\_\_

**SECTION E**

**COMMUNITY TIES AND SUPPORT**

Identify by name which of the following people or groups will support you if you move to Paris. Please provide a contact number for the individuals/support group.

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

**SECTION F**

**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 TOWN OF PARIS TO CONDUCT A CRIMINAL BACKGROUND CHECK AND USE ANY INFORMATION OBTAINED THEREFROM AT MY HEARING. I HOLD HARMLESS AND INDEMNIFY TOWN OF PARIS, 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: **TOWN OF PARIS, 16607 BURLINGTON ROAD, UNION GROVE, WI 53182.**

YOU WILL BE NOTIFIED OF THE DATE AND TIME OF YOUR APPEAL HEARING BEFORE THE PARIS SEX OFFENDER RESIDENCY BOARD, WHICH MAY BE 30-45 DAYS AFTER RECEIPT OF YOUR APPEAL AND YOUR APPLICATION IS COMPLETE.