



Date Rec'd: ____/____/____

Receipt #: _____

Fee: \$50.00 (Non-Refundable)

CITY OF CHILTON PUBLIC SAFETY COMMITTEE

APPLICATION FOR WAIVER OF SEXUAL OFFENDER RESIDENCY RESTRICTIONS

This application is pursuant to Chapter 20, Division 4, Section 20-213 through 20-248 of the City of Chilton Municipal Code. Consistent with the policies set forth in Wisconsin Statute 938.299 and 938.78 mandating confidentiality, appeals involving juvenile offenders or offenses will be held in closed session, unless otherwise noted.

IMPORTANT: THIS APPLICATION SHOULD BE TYPED OR PRINTED IN BLOCK LETTERS IN BLACK INK.

Date: _____

Name: _____

Date of Birth: _____

Current Address: _____

Employer: _____

Address of Employer: _____

Highest Level of Education Completed: _____

Ages & Relationships of those who currently reside with you (Do not list names): _____

Address that you wish to move to in Chilton: _____

Ages & Relationships of those who would live in the home you wish to move to: (Do not list names): _____

Complete list of your previous residential addresses: _____

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Please answer the following questions and if needed, attach additional pages to this application.

In your own words, describe your sexual offense, including details of the incident:

Offense Degree: (Circle) 1st 2nd 3rd Offense: _____

Location of Offense (Address, City and State): _____

Offense Date: _____ Conviction Date: _____

Victim's Age: _____ Sentence: _____ Time Served: _____

Are you currently under Supervision with Dept. of Corrections for this offense? Yes or No

2. Have you ever been convicted of another criminal sexual offense pursuant to federal or state law? If you answered yes, please include details of the incident.

Offense Degree: (Circle) 1st 2nd 3rd Offense: _____

Location of Offense (Address, City and State): _____

Offense Date: _____ Conviction Date: _____

Victim's Age: _____ Sentence: _____ Time Served: _____

Are you currently under Supervision with Dept. of Corrections for this offense? Yes or No

3. Are you currently, or will you be upon release from incarceration, under the supervision of the Department of Corrections? If so, when is your expected release date? _____

4. If so, provide the name of your Agent. _____

Signature of Department of Corrections Agent Signature (Required) Date: _____

Agent's Signature: _____ Print Name: _____

Address: _____ Phone: _____

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5. Describe how you believe your sexual crime affected the victim in your case (without naming the victim). _____

6. Please prepare a summary of your treatment history for proposal to the Committee. List names of any treatment programs you have completed and attach a document proving that you have completed that treatment program or answer "None" if you have not completed any programs. This portion of your appeal will be held in closed session and not released to the public.

6a. Beside the treatment outlined in question 6, what other assurances can you provide to the Committee that you will not re-offend sexually in the future? _____

7. Do you require any special accommodations? PLEASE NOTE: Anyone wishing to appear before the Committee who, because of a disability, requires special accommodations should contact the Office of the City Clerk at 920-849-2451, at least 24 hours before the scheduled meeting so that arrangements can be made. _____

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8. Have you lived in the City of Chilton before? _____ If so, what years? _____

The Committee suggests that you bring other individuals to your waiver hearing to speak on your behalf.

Anyone wishing to appear should also submit written testimony with this application.

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

<u>Network</u>	<u>Name(s) of and Relationship to Supporting People/Groups</u>
Family	_____

Work	_____

Church	_____

Friends	_____

Other	_____

AUTHORIZATION AND CERTIFICATION: Please read and initial each of the following statements. Your initials and signature verify that you have read, understand, and agree to abide by these statements.

Initial _____ I hereby certify that all statements made on, or in connection with, my application are true, complete and correct to the best of my knowledge and belief.

Initial _____ I understand and agree that any misstatements or omissions of material fact subject me to denial of this application.

Initial _____ I authorize the City of Chilton Police Department, its officers, agents, and employees to conduct a background check (including criminal) prior to making a decision regarding this appeal. I release and hold harmless the City of Chilton, their officers, agents, and employees, and the person(s) providing the information, from any liability, related to the performance or result of this check.

Initial _____ I agree that my review will be held at the Public Safety Committee Meeting. You will be notified of the date and time of your Appeal Hearing before the City of Chilton Public Safety Committee. You are required to notify us of any mailing address changes during this process.

Applicant's Signature _____ **Date** _____

Please return the completed Appeal Application, Required Documentation and \$50 processing fee to: Chilton City Clerk, 42 School Street, Chilton, WI 53014.