VILLAGE OF JACKSON
SEX OFFENDER RESIDENCE BOARD EXEMPTION FORM

PERSONAL INFORMATION

Full name:_____
Current address:_____
Date of birth:_____ Telephone No.: _____
Age/relationship of those who you live with now:_____
To what address do you wish to move?_____
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/relationship of those who you plan to live with:_____
Name of your Dept. of Corrections Agent, if applicable:_____

SEXUAL OFFENSE(S)

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

SEXUAL OFFENSE #1 **Conviction type:** ☐ ADULT ☐ JUVENILE
Offense Degree (circle one): **1st 2nd 3rd 4th** 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)
_____
_____
_____

SEXUAL OFFENSE #2 **Conviction type:** ☐ ADULT ☐ JUVENILE
Offense Degree (circle one): **1st 2nd 3rd 4th** 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)
_____
_____
_____

SEXUAL OFFENSE #3 **Conviction type:** ☐ ADULT ☐ JUVENILE
Offense Degree (circle one): **1st 2nd 3rd 4th** 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)
_____
_____
_____

☐ Check here if you have been convicted of four or more sexual offenses, and attach extra sheets listing those offenses

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 MUNICIPALITY DID THIS OCCUR?
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

COMPLETED TREATMENT PROGRAMS

(This confidential part of your appeal will, to the extent permitted by law, only be available to the Board and not be available to the public.)

List the 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 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.

	SUBJECT	**NAME(S) OF COMPLETED TREATMENT PROGRAM(S)**
☐	Sex Offender	_____
		_____
☐	Anger	_____
		_____
☐	Alcohol	_____
		_____
☐	Drugs	_____
		_____

DEPT. OF CORRECTIONS AGENT SIGNATURE (REQUIRED)

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

Agent's Signature:_____ Date:_____

COMMUNITY TIES AND SUPPORT

Have you lived in Village of Jackson before? _____ If so, what years? _____

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

	NETWORK	NAMES OF OR RELATIONSHIP TO SUPPORTING PEOPLE/GROUPS
☐	Family	_____
		_____
☐	Work	_____
		_____
☐	Friends	_____
		_____
☐	Other Support	_____
		_____

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.

Appellant's Signature:_____ Date:_____