



FOR OFFICE USE ONLY
Received: _____
Initials: _____

**SEX OFFENDER
RESIDENCY BOARD PETITION**
Form #CLKSOR (rev. 7/19)

PERSONAL / RESIDENCE INFORMATION

Full Name: _____ Date of Birth: _____
FIRST M.I. LAST

Current Address: _____
STREET CITY STATE ZIP

Cell: (_____) _____ Home Phone: (_____) _____

Name / Age / Relationship of those who you **live with now**: I Live Alone

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

To what address do you wish to move?: _____, Kenosha, WI, _____
STREET ZIP

Is this a rental property? Yes No

If yes, attach a letter from the landlord which shows willingness to rent to you and knowledge that you are a registered sex offender. Attached (Your appeal will not be heard until you provide such proof.)

Name / Age / Relationship of those who you **plan to live with**: I Will Live Alone

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Per City Ordinance No. 11.033 C.2. - A Designated Offender must notify the Alderperson of the district before establishing either a Permanent Residence or Temporary Residence within the City of Kenosha.

List the Alderperson's Name of the District: _____

What date did you contact the Alderperson?: _____

Are you currently on the Sex Offender Registry? Yes No If no, skip to Probation & Parole Section.

If yes, are you a lifetime registrant? Yes If no, how many years are you required to be registered? _____ Years

PROBATION & PAROLE / AGENT INFORMATION

Are you currently under supervision? Yes No If no, skip this information section.

Name of your Department of Corrections Agent: _____
FIRST LAST

Agent's Phone Number: (____) _____

Agent's Email Address: _____

If applicable, attach a copy of the Department of Corrections' Residence Assessment. **Your appeal will not be heard until you provide the Assessment.** Attached N/A

SEXUAL OFFENSE(S)

Sexual Offense #1:

Conviction Type: Adult

Offense Degree: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third	Conviction Date: ____/____/____
Offense: _____	Sentence: _____ County: _____
Offense Date: ____/____/____ Victim's Age: _____	Time Served: _____ Years _____ Months

Are you currently under supervision with the Department of Corrections for this offense? Yes No

Sexual Offense #2:

Conviction Type: Adult

Offense Degree: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third	Conviction Date: ____/____/____
Offense: _____	Sentence: _____ County: _____
Offense Date: ____/____/____ Victim's Age: _____	Time Served: _____ Years _____ Months

Are you currently under supervision with the Department of Corrections for this offense? Yes No

Check here if you have been convicted of three (3) or more sexual offenses and attach extra sheets listing the information above regarding those offenses.

Please Note: Your appeal will not be heard until the Board has copies of criminal complaint(s); judgment(s) of conviction; and police report(s) for each offense as indicated above.

CRIMINAL HISTORY

Are you currently incarcerated? Yes No If yes, when is your expected release date: ____/____/____

List **ALL** previous criminal convictions below, including **date and location** (city and state where offense occurred) of each offense. Do not include Juvenile Offenses. Attach extra sheets if needed.:

1)	_____	_____	_____
	Crime	Year	Location
2)	_____	_____	_____
	Crime	Year	Location
3)	_____	_____	_____
	Crime	Year	Location
4)	_____	_____	_____
	Crime	Year	Location
5)	_____	_____	_____
	Crime	Year	Location
6)	_____	_____	_____
	Crime	Year	Location

TREATMENT PROGRAMS

This confidential part of your petition 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 attach a document proving that you have completed the treatment program.

<input type="checkbox"/> Sex Offender:	_____	<input type="checkbox"/> Document Attached
<input type="checkbox"/> Anger:	_____	<input type="checkbox"/> Document Attached
<input type="checkbox"/> Alcohol:	_____	<input type="checkbox"/> Document Attached
<input type="checkbox"/> Drugs:	_____	<input type="checkbox"/> Document Attached
<input type="checkbox"/> Other:	_____	<input type="checkbox"/> Document Attached

Please Note: The board will assume you have not completed a treatment program unless you provide a document which proves you have completed the treatment program.

Are you currently in treatment? Yes No

If **yes**, a letter from treatment provider must be attached to petition. A residence will not be approved until the letter is provided.

Treatment Letter Attached? Yes N/A

COMMUNITY TIES AND SUPPORT

Have you lived in Kenosha before? Yes No

If yes, please indicate which years: _____

Identify by name which of the following people or group who will support you if you move to Kenosha:

NETWORK	NAME(S) OF, AND RELATIONSHIP TO, SUPPORTING PEOPLE / GROUPS
<input type="checkbox"/> Family	_____
<input type="checkbox"/> Work	_____
<input type="checkbox"/> Church	_____
<input type="checkbox"/> Friends	_____
<input type="checkbox"/> Other	_____

PETITIONER'S SIGNATURE

By signing below, I hereby certify that all statements made on this Petition are **TRUE AND COMPLETE**. I understand that any omissions of untruthful statements will be **GROUND FOR DENIAL** of my Petition. Furthermore, I authorize (a) the Residency Board to obtain relevant police reports and (b) the City of Kenosha to conduct a Criminal Background Check and use any information obtained therefrom at my hearing.

I **Hold Harmless** and **Indemnify** the City of Kenosha, its officers, agents, and employees, and any persons providing the information, from any liability related to performing the Background Check.

Petitioner's Signature: _____ Date: _____

PLEASE RETURN COMPLETED PETITION AND REQUIRED DOCUMENTS TO:

KENOSHA CITY CLERK
625 52nd Street, Room 105
Kenosha, WI 53140

You will be notified of the date and time of your Hearing before the Kenosha Sex Offender Residence Board, which may be 30-45 days after receipt of your Petition. You are required to notify us of any mailing address changes during the process.

CHECKLIST OF REQUIRED DOCUMENTS:

Unsure what you need? The following is required for the Board to hear your Petition:

- Landlord Letter (if applicable)

- Letter from Current Treatment Provider (if applicable)

- Documentation of Completed Treatment Programs (if applicable)

- Complaint
(May be obtained at Kenosha County Circuit Court, 912 56th Street)

- Judgment of Conviction
(May be obtained at Kenosha County Circuit Court, 912 56th Street)

- Residency Assessment (if applicable)
(Provided by your Parole Officer)

- Police Reports*

* Police Reports may be obtained at the Kenosha Police Department (1000 55th Street).

You must go to the Kenosha Police Department Counter, not Joint Services Counter. Ask for the Information Officer. Tell them you are petitioning to the Sex Offender Residency Board and need your police reports to be sent to the City Attorney.

OFFENSE DID NOT HAPPEN IN KENOSHA?

If the offense was not within the City of Kenosha, you may need to reach out to the Police Department or Court for the City/State where the offense happened. If they will not provide reports directly to you, ask if they can send them to the City Attorney's Office of Kenosha at webcityattorney@kenosha.org. Tell them the Sex Offender Registry Board requires the information for your petition. Should they have questions, they may call our office at 262-653-4170.