CITY OF SHEBOYGAN

LICENSING, HEARINGS, AND PUBLIC SAFETY COMMITTEE

APPLICATION FOR WAIVER OF

SEXUAL OFFENDER RESIDENCY RESTRICTIONS

This application is made pursuant to Section 38-399 of Sheboygan Municipal Code. Do not include any victim or juvenile information in your responses on this form. This is consistent with Wisconsin Statute sections 938-299 and 938-78 which require certain victim and juvenile information remain confidential. The City reserves the right to deny an application or move into closed session if prohibited information is included in the application.

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

DATE:

NAME:

DATE OF BIRTH: \_

CURRENT ADDRESS:

TELEPHONE NUMBER:

EMPLOYER:

ADDRESS OF EMPLOYER:

HIGHEST LEVEL OF EDUCATION COMPLETED:

AGES & RELATIONSHIPS OF THOSE WHO CURRENTLY LIVE WITH YOU

(Do not list names):

ADDRESS THAT YOU WISH TO MOVE TO IN SHEBOYGAN:\_

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: \_

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

1. In your own words, describe your sexual offense, including the date of conviction and details of the incident.

2. Have you ever been convicted of another criminal sexual offense pursuant to federal or state law?

If you answered yes, please list dates and locations.

3. Are you currently, or will you be upon release from incarceration, under the supervision of the

Department of Corrections?

4. If so, provide the name and contact information for your Agent.

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.

Ga. 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 Chief of Police, telephone number 459-3343, at least 24 hours before the scheduled meeting so that arrangements can be

made. \_

8. 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.

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 \_ Initial

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.

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

I authorize the City of Sheboygan, 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 Sheboygan, their officers, agents, and employees, and the person(s) providing the information, from any liability, related to the performance or result of this check.

Applicant's Signature: \_\_ Date: \_\_ \_

PLEASE RETURN THE COMPLETED APPLICATION TO: SHEBOYGAN POLICE, 1315 N 23RD STREET, SHEBOYGAN, WI

53081. AFTER RECEIPT OF THIS COMPLETED APPLICATION. YOU WILL BE NOTIFIED BY MAIL IF YOUR WAIVER IS

APPROVED OR DENIED. THIS PROCESS WILL TAKE APPROXIMATELY 2 WEEKS AND IF YOU ARE DENIED YOU WILL HAVE

AN OPPOURTUNITY TO APPEAL THE DECISION TO THE LICENSING, HEARINGS, PUBLIC SAFETY COMMITTEE.

Updated 07-10-23