

**TOWN OF HUMBOLDT  
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):   **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)

\_\_\_\_\_  
\_\_\_\_\_

**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)

\_\_\_\_\_  
\_\_\_\_\_

**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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)
<input type="checkbox"/> Sex Offender	_____ _____
<input type="checkbox"/> Anger	_____ _____
<input type="checkbox"/> Alcohol	_____ _____
<input type="checkbox"/> 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 Town of Humboldt before? \_\_\_\_\_ If so, what years? \_\_\_\_\_

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

<b>NETWORK</b>	<b>NAMES OF OR RELATIONSHIP TO SUPPORTING PEOPLE/GROUPS</b>
<input type="checkbox"/> Family	_____ _____
<input type="checkbox"/> Work	_____ _____
<input type="checkbox"/> Friends	_____ _____
<input type="checkbox"/> 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: \_\_\_\_\_