

## ORDINANCE #19-01

---

### AMENDING CHAPTER 20, ARTICLE III, OF THE VILLAGE CODE REGARDING THE SEX OFFENDER RESIDENCY ORDINANCE

---

THE VILLAGE BOARD OF THE VILLAGE OF JACKSON, WASHINGTON COUNTY, WISCONSIN, upon proper notice and with quorum present and voting, hereby ordains the following amendments to the Village's Sex Offender Residency Ordinance:

**I. Article III, Section 20-31 of the Village Code of the Village of Jackson is hereby amended to read the following:**

Section 20-31. Recitals.

The Wisconsin Statutes, including Chapters 940, 944, and 948 thereof, govern the punishment of individuals who commit sex crimes. The Wisconsin Statutes also govern the release into the community of such individuals. The Village is responsible to maintain the public health, safety, and welfare and finds that sex offenders have high recidivism rates that threaten the public health, safety, and welfare, especially that of children.

The Village Board has reviewed findings in several studies related to recidivism and risk related to individuals who have committed sex crimes. Those studies include the following:

- Center for Sex Offender Management Fact Sheet: What You Need to Know About Sex Offenders. This fact sheet provided information about sex offender recidivism, including that it is estimated that one in every five girls and one in every seven boys are sexually abused by the time they reach adulthood; that one in six adult women and one in thirty-three adult men experience an attempted or completed sexual assault; that approximately 67% of all victims of reported sexual assaults are under age 18 and more than half are under age 12; and that about 12-24% of sex offenders will re-offend.
- U.S. Department of Justice, Bureau of Justice Statistics – Recidivism of Sex Offenders Released from Prison in 1994. This study found that compared to non-sex offenders released from state prisons, released sex offenders were four times more likely to be re-arrested for a sex crime.
- Correctional Service Canada – Forum on Corrections Research. This study of 178 sex offenders released from a maximum-security psychiatric facility found that after an average follow-up of 59 months, 27.5% of sex offenders in the study sexually recidivated and 40.4% of the sex offenders

were arrested, convicted, or returned to a psychiatric facility for a violent offence.

- California Research Bureau – The Impact of Residency Restrictions on Sex Offenders and Correctional Management: A Literature Review. This study found that at the time it was written twenty-two states had enacted some form of residency restriction that prohibits sex offenders from living within a certain distance of schools, daycare centers, or places where children congregate. The least restrictive among them was 500 feet, but distances from 1,000 to 2,500 feet were common.
- National Bureau of Economic Research – There Goes the Neighborhood? Estimates of the Impact of Crime Risk on Property Values from Megan’s Laws. This study found that the majority of both violent and non-violent offenses take place less than one mile from victims’ homes. It also found that prices of homes near sex offenders declined considerably following an offender’s arrival in the neighborhood.
- An Evaluation of Sex Offender Residency Restrictions in Michigan and Missouri. This study found that while in Michigan, residency restrictions led to a slight increase in recidivism, in Missouri, the reconviction rate declined.

Based on the above studies and other information presented to the Village Board, the Board determines that the restrictions set forth in this Ordinance serve the purpose of protecting the public health, safety, and welfare from the risk of recidivism of sex offenders. The Board further determines that the intent and effect of this ordinance is not to banish sex offenders from residing within the Village, and careful attention has been given to ensure that there are ample locations for sex offenders to reside within the Village in compliance with the requirements of this ordinance.

The Board further determines that the opportunity for individualized consideration of the risks and benefits of residency restrictions on a case-by-case basis is the best approach to achieve the purposes of this ordinance and, to that end, this ordinance establishes an “exemption” process by which a sex offender may seek an exemption from its residency restrictions by petitioning to the Village’s Sex Offender Residence Board.

**II. ARTICLE III, Section 20-41 of the Village Code of the Village of Jackson is hereby created to read the following:**

Section 20-41. Petition for Exemption.

- (a) A Sex Offender may seek an exemption from this Ordinance by petitioning to the Sex Offender Residence Board (“Residence Board”).

- (b) The Residence Board shall consist of three citizens residing in the Village. Members shall be selected by the Village President subject to the approval of the Village Board. Members shall serve for a term of five years and shall serve no more than two consecutive terms. The terms for the initial members of the Residence Board shall be staggered with one member serving one year, a second member serving three years, and a third member serving five years.
- (c) The Residence Board shall approve an official petition form. The Sex Offender seeking an exemption must complete the petition and submit it to the Village Clerk, who shall forward it to the Residence Board. The Residence Board shall hold a hearing on each petition, during which the Residence Board may review any pertinent information and accept oral or written statements from any person. The Residence Board shall base its decision on factors related to the Village's interest in promoting, protecting, and improving the health, safety, and welfare of the community. Applicable factors for the Residence Board to consider include, but are not limited to:
- (1) Nature of the offense that resulted in designated offender status.
  - (2) Date of offense.
  - (3) Age at time of the offense.
  - (4) Recommendation of probation or parole officer.
  - (5) Investigative Report of the Police Department.
  - (6) Recommendation of any treating practitioner.
  - (7) Counseling, treatment, and rehabilitation status of the Sex Offender.
  - (8) Remorse of Sex Offender.
  - (9) Duration of time since Sex Offender's incarceration.
  - (10) Support network of Sex Offender
  - (11) Relationship of offender and victim(s).
  - (12) Presence or use of force in offense(s).
  - (13) Adherence to terms of probation or parole.
  - (14) Proposals for safety assurances of Sex Offender.

(15) Conditions to be placed on the exemption.

(d) The Residence Board shall decide by majority vote whether to grant or deny an exemption. An exemption may be unconditional or limited to a certain address, time, or subject to other reasonable conditions. The Residence Board's decision shall be final for purposes of any appeal. A written copy of the decision shall be provided to the Sex Offender and the Police Department.

**III. Effective Date**

This ordinance shall take effect upon its enactment. The Village Administrator and Village Attorney are hereby authorized and directed to take all action necessary to incorporate these amendments into the Village's Sex Offender Residency Ordinance.

All other provisions of the Sex Offender Residency Ordinance shall remain in full force and effect.

Introduced by: President Schwab

Seconded by: T. Hippold

Vote: 5 Aye 0 Nay

Passed and Approved: Sept. 10, 2019

Michael E. Schwab  
Michael E. Schwab, Village President

Jilline S. Dobratz  
Attest: Jilline Dobratz, Clerk

Proof of Posting:

I, the undersigned, certify that I posted copies of this Ordinance on bulletin boards at the Village Hall, Post Office and one other location in the Village.

Village Official: Jilline S. Dobratz

Date: September 11, 2019

**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):    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 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.

<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: \_\_\_\_\_