DEPARTMENT OF CHILDREN AND FAMILIES

Office of Legal Counsel

Instructions

**Rehabilitation Review Appeals Report**

# I. INTRODUCTION

* Sections 48.685(5g) and 48.686(5g), Wis. Stats., require the Department of Children and Families to report annually, beginning January 1, 1999, to the legislature the number of persons in the previous year who have requested to demonstrate to the Department that they have been rehabilitated, the number of persons who successfully demonstrated that they have been rehabilitated and the reasons for the success or failure of a person who has attempted to demonstrate that he or she has been rehabilitated.
* Sections DCF 12.13(6)(b) and 13.13(6)(b), Wis. Admin. Code, requires reviewing agencies to report decisions on rehabilitation review requests to the Department on forms developed by the Department.
* The Department has developed the “Rehabilitation Review Panel Decision Report” (DCF-F-418-E) and the “Rehabilitation Review Appeals Report” (DCF-F-2857-E) for this purpose.

* Information in these reports will be entered into the Office of Legal Counsel’s computer database. The required reports for the legislature will be generated from this database. The database may also be used to answer questions that may be asked concerning rehabilitation review applications or applicants.
* Copies of the “Rehabilitation Review Panel Decision Report” (DCF-F-418-E) and the “Rehabilitation Review Appeals Report” (DCF-F-2857-E) may be obtained by contacting the Rehabilitation Review Coordinator at 608-422-7041 or by mailing a written request to: Attn: Rehabilitation Review Coordinator, Department of Children and Families, Office of Legal Counsel, 201 West Washington Avenue, P.O. Box 8916, Madison, WI 53708-8916. Requests may also be emailed to DCFMBREHAB@wisconsin.gov.
* Because there are numerous counties, school boards and child placing agencies that will be reporting to the Department, a numbering system consistent across reviewing agencies will be used. The term for the numbering system is Rehabilitation Review Request Number (RRRN).The RRRN consists of:
* the 4 digit year in which the application was received;
* a 3 digit number in sequential numerical order;
* an agency acronym; and
* the agency number.

For example: The first rehabilitation review request in Milwaukee County in 1999 would be numbered: 1999-001-C-40.

The first rehabilitation review request received by Adoption Advocates Inc., a child placing agency, in 1999 would be numbered: 1999-001-CPA-180035.

The first rehabilitation review request received by the Abbotsford School District would be numbered: 1999-001-LEA-0007.

The Department of Children and Families will not have an agency number.

# II. GENERAL INFORMATION

* The Department asks that the “Rehabilitation Review Appeals Report” (DCF-F-2857-E) be submitted to the Department after:
* a decision by the Agency Head on an applicant’s appeal of the review panel’s decision;
* a decision, as applicable, from either a Ch. 227, Stats. or Ch. 68, Stats. hearing on an applicant’s appeal of the Agency Head’s decision;
* a decision by the circuit court on an applicant’s appeal of, as applicable, a Ch. 227, Stats. or Ch. 68, Stats. hearing decision.

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* Completed reports can be mailed to: Attn: Rehabilitation Review Coordinator, Department of Children and Families, Office of Legal Counsel, 201 West Washington Avenue, P.O. Box 8916, Madison, WI 53708-8916. Please attach a copy of the final appeal decision.
* Questions concerning form DCF-F-2857-E may be directed to 608-422-7041.
* One reporting form should be sent to the Department for each appeal. A copy of the final appeal decision should be attached.
* Please type or print the information entered on the reports.

##### **III. COMPLETING THE “REHABILITATION REVIEW APPEALS REPORT” (DCF-F-2857-E)**

* For each section, enter the information requested. Note: Enter the Rehabilitation Review Request Number (RRRN) that was previously entered on the form DCF-F-418-E that records the decision that is being appealed.

### Section A - Rehabilitation Review Applicant Information

* Enter the applicant’s full name, telephone number, social security number (if provided), gender and date of birth as stated on the “Rehabilitation Review Application” and form DCF-F-418-E that records the decision that is being appealed.
* Enter the applicant’s full address as stated on form DCF-F-418-E that records the decision that is being appealed.
* Enter the crime(s), act(s) or offense(s), for which the applicant is barred and seeking to demonstrate rehabilitation, as stated on form DCF-F-418-E that records the decision that is being appealed.

### Section B - Rehabilitation Review Panel Information

* Enter the official name of the reviewing agency. Indicate the agency type by marking the appropriate box.
* Enter the name and telephone number of the person who may be contacted if questions arise. **Note:** For child placing agencies and school boards this person may also be asked to help coordinate the receipt of documents and communication with review panel agency members during the appeal stage.
* Enter the reviewing agency’s full address as requested.
* Indicate whether the rehabilitation review panel denied or withdrew rehabilitation approval by marking the appropriate box.
* Enter the date of the rehabilitation review panel’s decision.

### Section C - Appeal Request - Agency Head

* Indicate whether the Department of Children and Families, Department of Public Instruction or a County Department of Social or Human Services Agency Director heard the appeal of the review panel’s decision by marking the appropriate box.
* Enter the case number (if applicable).
* Enter the date that the agency received the written appeal.
* Enter the date the decision was issued.
* Indicate the results of the Agency Head’s review by marking, as applicable, whether the review panel’s decision was upheld or overturned. Enter the Agency Head’s decision in the “Comments” section.

* Make any other applicable comments regarding appeal results.

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### Section D - Appeal Request - Administrative Hearing

* Indicate whether the administrative hearing was a Ch. 227, Stats. or Ch. 68, Stats. proceeding by marking the appropriate box. If a municipality made the decision, specify the municipality by name.
* Enter the case number (if applicable).
* Enter the date that the agency received the written appeal.
* Enter the date the decision was issued.
* Indicate the results of the of the Administrative Law Judge’s review by marking, as applicable, whether the Agency Head’s decision was upheld or overturned. Enter the Administrative Law Judge’s order in the “Comments” section.
* Make any other applicable comments regarding appeal results.

### Section E – Appeal Request - Judicial Review/Circuit Court

* Indicate the name of the county circuit court where the appeal was filed.
* Indicate the case number assigned by the court in the space provided.
* Enter the date that the court received the written appeal.
* Enter the date the decision was issued.
* Indicate the decision of the court by marking, as applicable, whether the administrative agency’s decision was upheld or overturned. Enter the court’s order in the “Comments” section.
* Make any other applicable comments regarding appeal results.

###### Signatures

The review panel contact person, as indicated on form DCF-F-418-E, should sign and date the form. A designee may also sign and date the form.

The Department of Children and Families is an equal opportunity employer and service provider. If you have a disability and need to access services, receive information in an alternate format, or need information translated to another language, please call the Rehabilitation Review Coordinator at 608-422-7041. Individuals who are deaf, hard of hearing, deaf-blind or speech disabled can use the free Wisconsin Relay Service (WRS) – 711to contact the Department.

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| **DEPARTMENT OF CHILDREN AND FAMILIES**Office of Legal Counsel |  |
| **Rehabilitation Review Appeals Report**Completion of this form is required under the provisions of sections 48.685 and 48.686 of the Wisconsin Statutes and Chapters DCF 12 and 13, Wisconsin Administrative Code. **Submit this form within 10 days of the decision to: Attn: Rehabilitation Review Coordinator, Department of Children and Families, Office of Legal Counsel, 201 West Washington Avenue, P.O. Box 8916, Madison, WI 53708-8916.** Questions concerning this form may be directed to 608-422-7041. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes]. Provision of your social security number (SSN) is voluntary; not providing it could result in an information processing delay. |
| Rehabilitation Review Request Number      |  |
| **SECTION A – Rehabilitation Review Applicant Information** |
| Name – Applicant       | Telephone Number      | Social Security Number      | Gender[ ]  Male[ ]  Female | Birth Date      |
| Street Address      | City      | County      | State   | Zip Code      |
| Offense(s) for Which Applicant was Reviewed      |
| **SECTION B – Rehabilitation Review Panel Information** |
| Name – Reviewing Agency      | Agency Type[ ]  DCF [ ]  School Board[ ]  County [ ]  Child Placing Agency[ ]  Tribe |
| Name – Contact Person      | Telephone Number      |
| Street Address      | City      | County      | State   | Zip Code      |
| Rehabilitation Approval[ ]  Denied [ ]  Withdrawn | Panel Decision Date      |
| **SECTION C - Appeal Request - Agency Head** |
| Rehabilitation Review Panel Decision on Appeal to: (check one)[ ]  Department of Children and Families Secretary[ ]  Department of Public Instruction Superintendent[ ]  County Department of Social or Human Services Agency Director | Case No. (if applicable)      |
| Date Received      | Decision Date      |
| Appeal Results[ ]  Panel Decision Upheld[ ]  Panel Decision Overturned | Comments      |
| **SECTION D - Appeal Request - Administrative Hearing** |
| Agency Review Decision on Appeal to: (check one)[ ]  Division of Hearings and Appeals (Ch. 227 Stats., Administrative Procedure)[ ]  Municipality (Ch. 68 Stats., Municipal Administrative Procedure) Municipality Name – Specify:        | Case No. (if applicable)      |
| Date Received      | Decision Date      |
| Appeal Results[ ]  Agency Decision Upheld[ ]  Agency Decision Overturned | Comments      |
| **SECTION E – Appeal Request - Judicial Review/Circuit Court** |
| Administrative Hearing Decision on Appeal to Circuit Court:      | Case No.      |
| Specify County:       | Date Received      | Decision Date      |
| [ ]  Administrative Hearing Decision Upheld[ ]  Administrative Hearing Decision Overturned | Comments      |
| **SIGNATURE** – Review Panel Contact Person | Date Signed |

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