**Petition for Appeal of Ineligibility Determination**

**Use of form:** Completion of this form is required under the provisions of section 48.686 of the Wisconsin Statutes as part of a written request for appeal of an ineligibility determination. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** In order to appeal an ineligibility determination, complete the form below and include copies of any documents or other materials that support your position regarding the disputed information. Submit the completed appeal form and any supporting documents to the Child Care Background Unit at the addresses found in Section E of this form **within 10 days of the date of the Notice of Ineligibility letter**. **The appellant can request an extension for a specific amount of time prior to expiration of the 10-day appeal period. Extensions may be granted for good cause shown by the appellant.**

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| **A.** | **INDIVIDUAL REQUESTING APPEAL** |
|  | Name (Last, First, Middle)      |  | Telephone Number      |
|  | Mailing address      |
|  | Email Address      |
| **B.** | **INELIGIBILITY DETERMINATION INFORMATION** |
| 1. | Date of Notice of Ineligibility      |
| 2. | List the information from the notice of ineligibility that you wish to challenge as inaccurate:      |
| 3. | Provide any information known or available that you wish to be considered:      |

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| **C.** | **INDIVIDUALS KNOWN OR BELIEVED TO HAVE INFORMATION RELEVANT TO THE APPEAL – attach separate sheet if necessary** |
| 1. | Name (Last, First, Middle)      |  | Telephone Number      |
|  | Mailing address      |
|  | Email Address      |
| 2. | Name (Last, First, Middle)      |  | Telephone Number      |
|  | Mailing address      |
|  | Email Address      |
| 3. | Name (Last, First, Middle)      |  | Telephone Number      |
|  | Mailing address      |
|  | Email Address      |
| 4. | Name (Last, First, Middle)      |  | Telephone Number      |
|  | Mailing address      |
|  | Email Address      |
| 5. | Name (Last, First, Middle)      |  | Telephone Number      |
|  | Mailing address      |
|  | Email Address      |
| **D.** | **ATTESTATION** |
|  | I affirm that all statements made on this form and any attachments are true and correct to the best of my knowledge. |
|  | **SIGNATURE** – Individual Requesting Appeal | Date Signed      |
| **E. SUBMITTAL** |
|  | Submit this appeal request form and copies of any documents or other materials to the Child Care Background Unit **within 10 days of the date on the Notice of Ineligibility letter**. |
|  | **U.S. Mail:**Department of Children and FamiliesChild Care Background Unit201 E Washington Ave, Room E200PO Box 8916Madison, WI 53708-8916 | **Email:**Child Care Background UnitDCFPlicBECRCBU@wisconsin.gov | **Fax:**Child Care Background Unit(608) 422-7155 |