# WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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## STATE OF WISCONSIN BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY PROCEEDINGS AGAINST

FINAL DECISION & ORDER (LS 9503036 MED)

M. A. GALLUZZO, D.P.M., RESPONDENT.

Parties to this action for the purposes of Wis. Stats. sec. 227.53 are:

M. A. Galluzzo, D.P.M. 3427 North Rockton Avenue Rockford; IL 61103

State of Wisconsin Medical Examining Board P.O. Box 8935 Madison, WI 53708-8935 Post-It" brand fax transmittal memo 7671 # of pages P

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Department of Regulation and Licensing Division of Enforcement P.O. Box 8935 Madison, WI 53708-8935

A complaint commencing formal disciplinary proceedings was filed by the Division of Enforcement in this matter on March 3, 1995. Thereafter, the parties to this matter, M. A. Galluzzo, D.P.M., personally, and through his attorney, Suzanne E. Williams, and Pamela M. Stach, Attorney for Complainant, agreed to the terms and conditions of the attached Stipulation as the final disposition of this matter, subject to the approval of the Board. The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Medical Examining Board adopts the attached Stipulation and makes the following:

## **FINDINGS OF FACT**

1. M. A. Galluzzo, Respondent herein, date of birth August 4, 1926, who resides at 3427 North Rockton Avenue, Rockford, IL 61103, is duly licensed and currently registered to practice medicine and surgery in the State of Wisconsin under license #419, which was granted on February 9, 1978.

2. A formal complaint commencing disciplinary proceedings was served upon Respondent on March 3, 1995. A copy of said complaint is attached hereto at Exhibit A. On December 4, 1986, Patient A, a 70-year old male, presented at Respondent's 3. office with complaints of generalized pain in both feet and a medical history which included diabetes, open heart surgery, and current anticoagulant therapy. Upon examination, Respondent found an infected toenail on the right foot, contracted digits or extensor tendons on both feet, and a hammer toe on the second digit of the left foot. 5. On December 4, 1986, Respondent took radiographs of both feet and performed Doppler and plethysomgraphy evaluations. The Doppler revealed no pulse on the posterior tibial artery of either extremity, but a good dorsalis pedis artery pulse. Palpation revealed an absent dorsalis pedis pulse in both extremities. Based upon Respondent's physical examination and testing, Respondent concluded Patient A had adequate arterial perfusion for foot surgery. On December 4, 1986, Respondent performed an incision and drainage procedure of the hallux of the right foot. Between December 6, 1986, and May 26, 1987, Respondent performed a series of surgical procedures upon both feet of Patient A. These included procedures to prevent the recurrence of ingrown toenails on both feet, numerous incision and drainage procedures, tenotomies and capsulotomies, an extensor hallucis longus lengthening, IP sets and a hammer toe

On numerous occasions between December 15, 1986, and May 26, 1987,

On numerous occasions between January 22, 1987, and May 28, 1987,

On December 6, 1986, Respondent prescribed ASA 7½ grains p.r.n. for Patient A.

At no time during the course of Respondent's care and treatment of Patient A did

Respondent performed incision and drainage procedures on the same digits and on the same date

operation.

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as he performed elective invasive surgical procedures.

Respondent prescribed hot water soaks for Patient A to perform at home.

ASA is acelylsalicylic acid and a synonym for aspirin.

Respondent perform or have access to the results of appropriate PT and PTT tests.

ASA is contraindicated for patients on anticoagulant therapy.

- 15. On May 18, 1987, Patient A presented at Respondent's office with complaints of an infected third digit on the right. Respondent performed an incision and drainage procedure and prescribed Keflex 500 mg and hot water soaks at home.
- 16. On May 20, 1987, Patient A returned to Respondent's office, at which time he noted drainage on the lateral aspect of the third digit right with edema. Respondent also noted the digit to be slightly cyanotic.
- 17. On May 20, 21 and 26, Respondent performed incision and drainage procedures on the third digit of the right foot.
  - 18. On May 26, 1987, Respondent noted the drainage and edema to have decreased.
- 19. On May 28, 1987, Respondent noted the patient's third digit on the right to be cyanotic and recommended the patient seek a medical evaluation of the third digit and the patient's circulation.
- 20. On May 29, 1987, Patient A was evaluated by William Kobler, M.D., his family practitioner, who noted the third digit to be cyanotic and blue in color. Dr. Kobler referred Patient A to Edward Sharp, M.D., a general surgeon, for further evaluation.
- 21. On May 29, 1987, Dr. Sharp diagnosed an obstruction at the distal superficial femoral artery, a blockage at the popliteal artery, severe atherosclerosis and a gangrenous middle toe on the right.
- 22. On May 30, 1987, Patient A notified Respondent he had been diagnosed with a blockage in his leg and would have surgery to address the problem on May 30.
- 23. Between May and August of 1987, Dr. Sharp attempted various vascular and grafting procedures; however, in August the patient's condition required amputation of the right leg below the knee.
- 24. Respondent's conduct in providing care and treatment for Patient A fell below the minimum standards of competence established in the profession that on December 6, 1986, Respondent prescribed ASA, on opiod analysesic containing aspirin, for the patient when he knew or should have known additional aspirin-based medications were contraindicated for a patient on anticoagulant therapy.
- 25. Respondent's prescribing of ASA when the patient was on anticoagulant therapy created the risk of increasing the effect of the anticoagulant and increasing the risk of bleeding complications in any surgical procedures which would be performed.

### **CONCLUSIONS OF LAW**

- The Wisconsin Medical Examining Board has jurisdiction in this matter pursuant 1. to sec. 448.02. Stats.
- 2. The Wisconsin Medical Examining Board has the authority to resolve this matter by stipulation without an evidentiary hearing pursuant to sec. 227.44(5), Stats.
- 3. Respondent's conduct as herein described constitutes a violation of Wis. Stats. sec. 448.02(3) and Wis. Admin. Code sec. MED 10.02(2)(h).

### **ORDER**

NOW, THEREFORE, IT IS ORDERED that the Stipulation of the parties is approved.

IT IS FURTHER ORDERED, that in resolution of this matter, the Wisconsin Medical Examining Board accepts the voluntary surrender of the license of M. A. Galluzzo, D.P.M. to practice podiatric medicine and surgery in the State of Wisconsin. This surrender is effective thirty days following the signing of this Order.

IT IS FURTHER ORDERED, that M. A. Galluzzo, D.P.M. shall not practice podiatric medicine and surgery in the State of Wisconsin when not currently licensed.

IT IS FURTHER ORDERED, that Respondent shall not reapply for licensure to practice podiatric medicine and surgery in the State of Wisconsin at any time in the future.

The rights of a party agreed by this Decision to petition the Board for re-hearing and to petition for judicial review are set forth on the attached "Notice of Appeal Information".

Dated at Madison, Wisconsin this 23rd day of august

W. R. Schwartz, M.D.

Secretary

Medical Examining Board

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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY PROCEEDINGS AGAINST

COMPLAINT

M.A. GALLUZZO, D.P.M. RESPONDENT.

92 MED 160

Dale Nash, Investigator for the State of Wisconsin, Department of Regulation and Licensing, Division of Enforcement, upon information and belief, complains and alleges as follows:

- 1. M.A. Galluzzo, Respondent herein, 3427 N. Rockton Avenue, Rockford, Illinois 61103, is duly licensed and currently registered to practice medicine and surgery in the State of Wisconsin under license number 419, which was granted on February 9, 1978.
- 2. On December 4, 1986, Patient A, a 70-year-old male, presented at Respondent's office with complaints of generalized pain in both feet and a medical history which included diabetes, open heart surgery, and current anticoagulant therapy.
- 3. Upon examination, Respondent found an infected toenail on the right foot, contracted digits or extensor tendons on both feet, and a hammer toe on the second digit of the left foot.
- 4. On December 4, 1986, Respondent took radiographs of both feet and performed Doppler and plethysomgraphy evaluations. The Doppler revealed no pulse on the posterior tibial artery of either extremity, but a good dorsalis pedis artery pulse. Palpation revealed an absent dorsalis pedis pulse in both extremities.
- 5. Based upon Respondent's physical examination and testing, Respondent concluded Patient A had adequate arterial perfusion for foot surgery.
- 6. On December 4, 1986, Respondent performed an incision and drainage procedure of the hallux of the right foot.
- 7. Between December 6, 1986 and May 26, 1987, Respondent performed a series of surgical procedures upon both feet of Patient A. These included procedures to prevent the recurrence of ingrown toenails on both feet, numerous incision and drainage procedures, tenotomies and capsulotomies, an extensor hallucis longus lengthening, IP sets and a hammer toe operation.

- 8. On numerous occasions between December 15, 1986 and May 26, 1987, Respondent performed incision and drainage procedures on the same digits and on the same date as he performed elective invasive surgical procedures.
- 9. On numerous occasions between January 22, 1987 and May 28, 1987, Respondent prescribed hot water soaks for Patient A to perform at home.
  - 10. On December 6, 1986, Respondent prescribed ASA 7½ grams p.r.n. for Patient A.
  - 11. ASA is acelylsalicylic acid and a synonym for aspirin.
  - 12. ASA is contraindicated for patients on anticoagulant therapy.
- 13. At no time during the course of Respondent's care and treatment of Patient A did Respondent perform or have access to the results of appropriate PT and PTT tests.
- 14. On May 18, 1987, Patient A presented at Respondent's office with complaints of an infected third digit on the right. Respondent performed an incision and drainage procedure and prescribed Keflex 500 mg and hot water soaks at home.
- 15. On May 20, 1987, Patient A returned to Respondent's office, at which time he noted drainage on the lateral aspect of the third digit right with edema. Respondent also noted the digit to be slightly cyanotic.
- 16. On May 20, 21 and 26, Respondent performed incision and drainage procedures on the third digit of the right foot.
  - 17. On May 26, 1987, Respondent noted the drainage and edema to have decreased.
- 18. On May 28, 1987, Respondent noted the patient's third digit on the right to by cyanotic and recommended the patient seek a medical evaluation of the third digit and the patient's circulation.
- 19. On May 29, 1987, Patient A was evaluated by William Kobler, M.D., his family practitioner, who noted the third digit to be cyanotic and blue in color. Dr. Kobler referred Patient A to Edward Sharp, M.D., a general surgeon, for further evaluation.
- 20. On May 29, 1987, Dr. Sharp diagnosed an obstruction at the distal superficial femoral artery, a blockage at the popliteal artery, severe atherosclerosis and a gangrenous middle toe on the right.
- 21. On May 30, 1987, Patient A notified Respondent he had been diagnosed with a blockage in his leg and would have surgery to address the problem on May 30.

- 22. Between May and August of 1987, Dr. Sharp attempted various vascular and grafting procedures; however, in August the patient's condition required amputation of the right leg below the knee.
- 23. Respondent's conduct in providing care and treatment for Patient A fell below the minimum standards of competence established in the profession in the following respects:
  - A. Between December 6, 1986 and May 26, 1987, Respondent performed numerous elective surgical procedures which were not indicated by any then-existing or properly diagnosed medical condition.
    - B. Between December 6, 1986 and May 26, 1987, Respondent performed elective surgical procedures upon Patient A when he knew or should have known that such procedures would not effectively treat or correct the diagnosed condition.
    - C. Between December 6, 1986 and May 26, 1987, Respondent performed numerous elective surgical procedures upon both feet of Patient A when Respondent knew or should have known such procedures were contraindicated by the patient's diabetes, generalized neuropathy, atherosclerosis and lack of palpable pulses in his feet, absent thorough vascular studies to determine adequate circulation.
    - D. Between December 6, 1986 and May 16, 1987, Respondent performed numerous invasive surgical procedures on the patient's digits when drainage and infection were present in the patient's feet.
    - E. Between January 22, 1987 and May 28, 1987, Respondent recommended the patient utilize hot water soaks to facilitate drainage following incision and drainage procedures when he knew or should have known that hot water soaks were contraindicated by the patient's diabetes, atherosclerosis and lack of palpable pulses in the feet.
    - F. Between January 22, 1987 and May 18, 1987, the hot water soaks were contraindicated by the concurrent performance of invasive surgical procedures in the presence of infection and drainage.
  - G. On December 6, 1986, Respondent prescribed ASA, an opiod analysis containing aspirin, for the patient when he knew or should have known additional aspirin-based medications were contraindicated for a patient on anticoagulant therapy.
  - H. Between December 6, 1986 and May 26, 1987, Respondent performed numerous elective surgical procedures on Patient A's feet without performing appropriate PT and PTT tests when he knew such tests were indicated prior to surgery for any patient on anticoagulant therapy.

- I. Respondent failed to adequately and completely evaluate Patient A's medical condition upon initial presentation on December 4, 1986, including the failure to take an adequate medical history.
- 24. Respondent's conduct as set forth above created the following unacceptable risks for the patient:
  - A. Respondent's failure to perform appropriate PT and PTT tests along with his failure to obtain thorough vascular studies of the patient's circulation prior to the commencement of surgical procedures created the risk to the patient that there would be inadequate circulation present in the feet for adequate healing of the tissue following surgical procedures, including, but limited to, the risk of development of necrotic tissue, gangrene and the danger of eventual amputation of the patient's feet or legs.
  - B. Respondent's performance of invasive surgical procedures in the presence of infection in the same digits created the risk of additional infection at the surgical site.
  - C. Respondent's prescribing of hot water soaks in the presence of the patient's underlying medical condition created the risk that the tissue and the feet would have an inadequate oxygen supply to adequately effectuate healing in those tissues.
  - D. Respondent's prescribing of ASA when the patient was on anticoagulant therapy created the risk of increasing the effect of the anticoagulant and increasing the risk of bleeding complications in any surgical procedures which would be performed.
  - E. Respondent's performance of surgical procedures which were not indicated by any then existing or properly diagnosed conditions would lead to the risks to the patient which are attendant with unnecessary surgeries and the risk of performing procedures which would not correct the conditions which were diagnosed.
  - F. Respondent's prescribing of hot water soaks in the presence of existing infection and invasive surgical procedures on the same digits created the risk of spreading the infectious processes to the surgical sites.
  - G. Respondent's failure to adequately and completely evaluate Patient A's medical condition upon initial presentation, including the failure to take an adequate medical history, created the risk that the Respondent would improperly evaluate the patient for appropriate care and treatment.
- 25. Respondent's conduct as herein described tended to constitute a danger to the health, welfare and safety of Patient A and as such constituted unprofessional conduct within the meaning of Wis. Stats. sec. 448.02(3) and Wis. Adm. Code sec. MED10.02(2)(h).

WHEREFORE, Complainant demands that the Board hear evidence relevant to matters recited herein, determine and impose the discipline warranted. Complainant further demands that the Board assess the cost of the proceedings against the Respondent payable to the Department of Regulation and Licensing pursuant to Wis. Stats. sec. 440.22.

Dated: January 31, 1995

Dale Nash, Investigator

Department of Regulation and Licensing

Division of Enforcement

1400 E. Washington Avenue

P.O. Box 8935

Madison, WI 53708-8935

Pamela M. Stach
Attorney for Complainant
Department of Regulation and Licensing
Division of Enforcement
P.O. Box 8935
Madison, WI 53708-8935

PMS:kr ATY-ELG1636

## STATE OF WISCONSIN BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY PROCEEDINGS AGAINST

STIPULATION LS 9503036 MED

M. A. GALLUZZO, D.P.M., RESPONDENT.

It is hereby stipulated between M. A. Galluzzo personally, and through his attorney, Suzanne E. Williams, and Pamela M. Stach, Attorney for the Department of Regulation and Licensing, Division of Enforcement, as follows:

- 1. M. A. Galluzzo, Respondent herein, whose address is 3427 North Rockton Avenue, Rockford, Illinois 61103, is a physician duly licensed and currently registered to practice medicine and surgery in the State of Wisconsin under license number 419 which was granted on February 9, 1978.
- 2. A Complaint commencing formal disciplinary proceedings was filed against and duly served upon Respondent on March 3, 1995.
- 3. Respondent has read the Complaint and understands the nature of the allegations against him.
- 4. Respondent is aware of an understands each of the Respondent's rights including the right to a hearing on the allegations against him at which time the state has the burden of proving these allegations by preponderance of the evidence; the right to confront and cross examine witnesses against him; the right to call witnesses in his behalf and to compel their attendance by subpoena; the right to testify himself; the right to file objections to any proposed decisions and to present briefs or oral arguments to the officials who are to render the Final Decision; the right to petition for rehearing; and all of the rights afforded the Respondent under the United States Constitution, the Wisconsin Constitution and the Wisconsin Administrative Code.
- 5. Respondent freely, voluntarily and knowingly waives each and every one of the rights set forth in paragraph four above.
- 6. The Division of Enforcement recommends that the Wisconsin Medical Examining Board adopt this stipulation and issue the attached Final Decision and Order in resolution of this matter.
- 7. For the purpose of this Stipulation only, Respondent withdraws his previously filed Answer with regard to the Complaint and, while neither admitting nor denying the allegations, voluntarily agrees to entry of the attached Final Decision and Order by the Medical Examining Board.

- 8. Violation of the terms and conditions specified in this Stipulation and Final Decision and Order shall constitute a basis for disciplinary action by the Medical Examining Board.
- 9. The parties to this Stipulation understand that the Department of Regulation and Licensing, Division of Enforcement will take no further action against Respondent's license based on the allegations contained in the Complaint unless Respondent violates the terms and conditions of this Stipulation and Final Decision and Order in which event the Department may reinstate the Complaint and reinstitute proceedings against Respondent.
- 10. This agreement in no way prohibits the Medical Examining Board from any further action against Respondent based on acts not alleged in the present Complaint which might be violative of the Wisconsin Medical Examining Board statutes and rules.
- 11. The parties agree to waive the Proposed Decision of the Administrative Law Judge and submit this Stipulation directly to the Medical Examining Board. All parties agree that counsel for the parties and the board advisor assigned to this case may appear before the Board in open session to argue on behalf of acceptance of this Stipulation.
- 12. This Stipulation and Final Decision and Order, if adopted and entered by the Medical Examining Board, shall become effective thirty days after the signing of this Order.
  - 13. All costs of these proceedings incurred by either party are hereby waived.

i	4.	In the event any term or condition of this Stipulation and Final Decision and	d
Order is	not ac	cepted or entered by the Medical Examining Board, then no term of this	
Stipulation	on; an	d Final Decision and Order shall be binding in any manner on any party to t	his
Stipulation			

Dated:

aug. 17, 1995

Suzanne E. Williams

Attorney for Respondent

Dated:

August 18, 1995

Pamela M. Stach, Attorney

Department of Regulation and Licensing

I, M. A. Galluzzo, D.P.M., having read the above stipulation and having discussed it contents with my attorney and understanding its terms, do hereby, freely, voluntarily and knowingly enter into this Stipulation.

Dated

A. Gallazzo, D.P.M.

Respondent

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CEE: H | D.

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AUG | 8 1995

Dent of Regulation & Licensian

### NOTICE OF APPEAL INFORMATION

Notice Of Rights For Rehearing Or Judicial Review, The Times Allowed For Each, And The Identification Of The Party To Be Named As Respondent.

### Serve Petition for Rehearing or Judicial Review on:

THE STATE OF WISCONSIN MEDICAL EXAMINING BOARD.

P.O. Box 8935
Madison. WI 53708.

### The Date of Mailing this Decision is:

AUGUST 24, 1995.

#### 1. REHEARING

Any person aggrieved by this order may file a written petition for rehearing within 20 days after service of this order, as provided in sec. 227.49 of the Wisconsin Statutes, a copy of which is reprinted on side two of this sheet. The 20 day period commences the day of personal service or mailing of this decision. (The date of mailing this decision is shown above.)

A petition for rehearing should name as respondent and be filed with the party identified in the box above.

A petition for rehearing is not a prerequisite for appeal or review.

#### 2. JUDICIAL REVIEW.

Any person aggrieved by this decision may petition for judicial review as specified in sec. 227.53, Wisconsin Statutes a copy of which is reprinted on side two of this sheet. By law, a petition for review must be filed in circuit court and should name as the respondent the party listed in the box above. A copy of the petition for judicial review should be served upon the party listed in the box above.

A petition must be filed within 30 days after service of this decision if there is no petition for rehearing, or within 30 days after service of the order finally disposing of a petition for rehearing, or within 30 days after the final disposition by operation of law of any petition for rehearing.

The 30-day period for serving and filing a petition commences on the day after personal service or mailing of the decision by the agency, or the day after the final disposition by operation of the law of any petition for rehearing. (The date of mailing this decision is shown above.)

### SECTIONS 227.49 AND 227.53, OF THE WISCONSIN STATUTES

227.49 Petitions for rehearing in contested cases. (1) A petition for rehearing shall not be a prerequisite for appeal or review. Any person aggreed by a final order may, within 20 days after service of the order, file a written petition for rehearing which shall specify in detail the grounds for the relial sought and supporting authorities. An agency may order a rehearing on its own motion within 20 days after service of a final order. This subsection does not apply to s. 17.025 (3) (e). No agency is required to conduct more than one rehearing based on a petition for rehearing filed under this subsection in any contested case.

- (2) The illing of a petition for rehearing shall not suspend or delay the effective date of the order, and the order shall take effect on the date fixed by the agency and shall continue in effect unless the petition is granted or until the order is superseded, modified, or set askie as provided by law.
  - (3) Rehearing will be granted only on the basis of:
  - (a) Some material error of law
  - (b) Some material error of fact.
- (c) The discovery of new evidence sufficiently strong to reverse or modify the order, and which could not have been previously discovered by due diligence.
- (4) Copies of petitions for rehearing shall be served on all parties of record. Parties may file replies to the petition.
- . (5) The agency may order a rehearing or enter an order with reference to the petition without a hearing, and shall dispose of the petition within 30 days after it is filed. If the agency does not enter an order disposing of the petition within the 30-day period, the petition shall be deemed to have been denied as of the expiration of the 30-day period.
- (6) Upon granting a reheating, the agency shall set the matter for further proceedings as soon as practicable. Proceedings upon reheating shall conform as nearly may be to the proceedings in an original hearing except as the agency may otherwise direct. If in the agency's judgment, after such reheating it appears that the original decision, order or determination is in any respect unlawful or unreasonable, the agency may reverse, change, modify or suspend the same accordingly. Any decision, order or determination made after such reheating reversing, changing, modifying or suspending the original determination shall have the same force and effect as an original decision, order or determination.
- 227.53 Parties and proceedings for review. (1) Except as otherwise specifically provided by law, any person aggrieved by a decision specified in s. 227.52 shall be entitled to judicial review thereof as provided in this chapter.
- (a) 1. Proceedings for review shall be instituted by serving a petition therefor personally or by certified mail upon the agency or one of its officials, and filing the petition in the office of the clerk of the circuit court for the county where the judicial review proceedings are to be held. If the agency whose decision is sought to be reviewed is the tax appeals commission, the banking review board, the consumer credit review board, the credit union review board, the savings and loan review board or the savings bank review board, the petition shall be served upon both the agency whose decision is sought to be reviewed and the corresponding named respondent, as specified under par. (b) 1 to 5.
- 2. Unless a reheating is requested under a. 227.49, petitions for review under this paragraph shall be served and filed within 30 days after the service of the decision of the agency upon all parties under s. 227.48. If a reheating is requested under s. 227.49, any party desiring judicial review shall serve and file a petition for review within 30 days after service of the order finally disposing of the application for reheating, or within 30 days after the final disposition by operation of law of any such application for reheating. The 30-day period for serving and filing a petition under this paragraph commences on the day after personal service or malling of the decision by the agency.

- 3. If the petitioner is a resident, the proceedings shall be held in the circuit count for the county where the petitioner resides, except that if the petitioner is an agency, the proceedings shall be in the circuit count for the county where the respondent resides and except as provided in ss. 77.59 (6) (b), 182.70 (6) and 182.71 (5) (g). The proceedings shall be in the circuit count for Dane county if the petitioner is a nonresident. If all parties stipulate and the count to which the parties desire to transfer the proceedings agrees, the proceedings may be held in the county designated by the parties. If 2 or more petitions for review of the same decision are filled in different counties, the circuit judge for the county in which a petition for review of the decision was first filed shall determine the venue for judicial review of the decision, and shall order transfer or consolidation where appropriate.
- (b) The petition shall state the nature of the petitioner's interest, the facts showing that petitioner is a person aggreed by the decision, and the grounds specified in s. 227.57 upon which petitioner contends that the decision should be reversed or modified. The petition may be amended, by leave of court, though the time for serving the same has expired. The petition shall be entitled in the name of the person serving it as petitioner and the name of the agency whose decision is sought to be reviewed as respondent, except that in petitions for review of decisions of the following agencies, the latter agency specified shall be the named respondent:
  - 1. The tax appeals commission, the department of revenue.
- The banking review board or the consumer credit review board, the commissioner of banking.
  - 3. The credit union review board, the commissioner of credit unions.
- 4. The savings and loan review board, the commissioner of savings and loan, except if the petitioner is the commissioner of savings and loan, the prevailing parties before the savings and loan review board shall be the named respondents.
- 5. The savings bank review board, the commissioner of savings and loan, except if the petitioner is the commissioner of savings and loan, the prevailing parties before the savings bank review board shall be the named respondents.
- (c) A copy of the petition shall be served personally or by certified mail or, when service is timely admitted in writing, by first class mail, not later than 30 days after the institution of the proceeding, upon each party who appeared before the agency in the proceeding in which the decision sought to be reviewed was made or upon the party's attorney of record. A court may not dismiss the proceeding for review solely because of a failure to serve a copy of the petition upon a party or the party's attorney of record unless the petitioner fails to serve a person listed as a party for purposes of review in the agency's decision under s. 227.47 or the person's attorney of record.
- (d) The agency (except in the case of the tax appeals commission and the bailding review board, the consumer credit review board, the credit union review board, the savings and loan review board and the savings bank review board) and all parties to the proceeding before it, shall have the right to participate in the proceedings for review. The court may permit other interested persons to intervene. Any person petitioning the court to intervene shall serve a copy of the petition on each party who appeared before the agency and any additional parties to the judicial review at least 5 days prior to the date set for hearing on the petition.
- (2) Every person served with the petition for review as provided in this section and who desires to participate in the proceedings for review thereby instituted shall serve upon the petitioner, within 20 days after service of the petition upon such person, a notice of appearance clearly stating the person's position with reference to each material allegation in the petition and to the affirmance, vacation or modification of the order or decision under review. Such notice, other than by the named respondent, shall also be served on the named respondent and the attorney general, and shall be filed, together with proof of required service thereof, with the sierk of the reviewing court within 10 days after such service. Service of all subsequent papers or notices in such proceeding need be made only upon the petitioner and such other persons as have served and filed the notice as provided in this subsection or have been permitted to intervene in said proceeding, as parties thereto, by order of the reviewing court.