

## WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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**Before the  
State Of Wisconsin  
Board of Nursing**

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In the Matter of Disciplinary Proceedings Against  
Vicki L. Dorn, R.N., Respondent

FINAL DECISION AND ORDER

Order No. **0005268**

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**Division of Legal Services and Compliance Case No. 15 NUR 404**

The State of Wisconsin, Board of Nursing, having considered the above-captioned matter and having reviewed the record and the Proposed Decision of the Administrative Law Judge, make the following:

**ORDER**

NOW, THEREFORE, it is hereby ordered that the Proposed Decision annexed hereto, filed by the Administrative Law Judge, shall be and hereby is made and ordered the Final Decision of the State of Wisconsin, Board of Nursing.

The rights of a party aggrieved by this Decision to petition the department for rehearing and the petition for judicial review are set forth on the attached "Notice of Appeal Information."

Dated at Madison, Wisconsin on the 13<sup>th</sup> day of April, 2017.

  
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Member  
Board of Nursing



**Before The  
State Of Wisconsin  
DIVISION OF HEARINGS AND APPEALS**

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In the Matter of Disciplinary Proceedings  
Against Vicki L. Dorn, R.N., Respondent

DHA Case No. SPS-16-0065  
DLSC Case No. 15 NUR 404

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**PROPOSED DECISION AND ORDER**

The parties to this proceeding for purposes of Wis. Stat §§ 227.47(1) and 227.53 are:

Vicki L. Dorn, R.N.  
2831 Thomas Drive  
Eau Claire, WI 54701

Wisconsin Board of Nursing  
P.O. Box 8366  
Madison, WI 53708-8366

Department of Safety and Professional Services, Division of Legal Services and  
Compliance, by

Attorney Kim M. Kluck  
Department of Safety and Professional Services  
Division of Legal Services and Compliance  
P.O. Box 7190  
Madison, WI 53707-7190

**PROCEDURAL SUMMARY**

These proceedings were initiated when the Department of Safety and Professional Services (Department), Division of Legal Services and Compliance (Division), filed a formal Complaint against Respondent Vicki L. Dorn, R.N. (Respondent), alleging that Respondent engaged in three counts of unprofessional conduct.<sup>1</sup> The Division served Respondent on October 18, 2016, by sending a copy of the Complaint and Notice of Hearing to the address on file with the Department via regular and certified mail.

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<sup>1</sup> The three counts are as follows: (1) "Departing from or failing to conform to the minimal standards of acceptable nursing practice that may create unnecessary risk or danger to a patient's life, health, or safety," in violation of Wis. Admin. Code § N 7.03(6)(c); (2) Being "unable to practice safely by reason of physical illness or impairment," in violation of Wis. Admin. Code § N 7.03(6)(h); and (3) "Obtaining, possessing or attempting to obtain or possess a drug without lawful authority," in violation of Wis. Admin. Code § N 7.03(8)(e).

Respondent failed to appear for three telephone conferences held on November 21, 2016 and January 3 and 19, 2017, notice of which was provided by the undersigned administrative law judge (ALJ). The ALJ issued a Notice of Default on January 19, 2017, to which Respondent did not respond.

## FINDINGS OF FACT

### Facts Related to the Alleged Violations

Findings of Fact 1-9 are taken from the Division's Complaint against Respondent filed in this matter.

1. Respondent is licensed in the State of Wisconsin as a professional nurse, having license number 162760-30, first issued on April 29, 2008, and current through February 28, 2018.

2. Respondent's most recent address on file with the Department is 413 Komro Court, Mondovi, Wisconsin 54755.

3. At all times relevant to this proceeding, Respondent was employed as a private duty nurse and was assigned to work at a residential facility (Facility), located in Amery, Wisconsin.

4. On July 16, 2015, Respondent was assigned to pass medications at the Facility. While standing at the medication cart, Respondent was observed by several staff and nurses to be unfocused, dazed and barely able to keep her eyes open. In addition, Respondent was observed walking unsteadily toward a resident.

5. Staff contacted the director of nursing (DON) regarding concerns about Respondent's behavior. The DON made contact with Respondent and observed that Respondent's eyes were glassy and appeared unfocused. Respondent's speech was slow and she did not appear focused on the medication records she was viewing.

6. During the medication pass that shift, Respondent applied a duragesic patch to a resident prior to the scheduled time for the patch to be changed and failed to properly dispose of the used duragesic patch.

7. The standard of care ordinarily exercised by a competent professional nurse is to follow the physician's medication orders and properly dispose of medications.

8. Based on Respondent's behaviors, Facility administrators advised Respondent that they would not have her finish her shift and requested that she submit to a drug test at a local clinic. Respondent agreed to do so and wrote down directions to the clinic, but then failed to show up for the drug test.

9. Respondent telephoned her agency supervisor later that day to report what had happened. Respondent advised her supervisor that she did not undergo the drug test because she had smoked marijuana a week prior and was concerned the test would be positive.

### Facts Related to Default

10. The Complaint and Notice of Hearing in this matter were served on Respondent on October 18, 2016, by both certified and regular mail, consistent with Wis. Admin. Code § SPS 2.08. The Notice of Hearing instructed Respondent: "If you do not provide a proper Answer within twenty (20) days, you will be found in default and a default judgment may be entered against you on the basis of the Complaint and other evidence. In addition, the Board may take disciplinary action against you and impose the costs of the investigation, prosecution and decision of this matter upon you without further notice or hearing."

11. Respondent failed to file an Answer as required by Wis. Admin. Code § SPS 2.09(4).

12. Following expiration of the 20-day time period to file an Answer, the ALJ scheduled a telephone prehearing conference for November 21, 2016 at 11:00 a.m. Notice of this prehearing conference was sent to both parties. The Notice instructed Respondent: "The Respondent's failure to appear at the scheduled conference or hearing may result in default judgment being entered against the Respondent." Respondent contacted the Division of Hearings and Appeals on November 16, 2016, stating that she could not get off work for the prehearing conference and that the ALJ should contact her husband at a telephone number provided for the November 21, 2016 conference.

13. On November 21, 2016, at the time set for the conference, the ALJ attempted to contact both Respondent and Respondent's husband, but was unable to reach them. The ALJ left voicemails for both Respondent and her husband, indicating that they should call the ALJ for the prehearing conference. When neither Respondent nor her husband contacted the ALJ by 11:20 a.m., the ALJ convened the conference with the Division. The Division moved for default judgment based on Respondent's failure to file an Answer to the Complaint and failure to appear at the prehearing conference in this matter, pursuant to Wis. Admin. Code § SPS 2.14 and Wis. Admin. Code § HA 1.07(3)(c). The ALJ granted the motion for default.

14. On November 22, 2016, Respondent's husband contacted the ALJ by telephone and informed her that his wife was at training and could not get to the telephone. The ALJ instructed Respondent's husband to provide the ALJ dates and times that Respondent would be available for a telephone prehearing conference. On November 22, 2016, Respondent's husband informed the ALJ that Respondent would be available for a telephone prehearing conference on November 29, 2016. The ALJ issued a Notice of Rescheduled Telephone Prehearing Conference to take place on November 29, 2016.

15. A telephone prehearing conference was held on November 29, 2016, at which the Division and Respondent appeared. Respondent indicated that she had not received the Division's offer of settlement and provided a new address. Division Attorney Kim Kluck stated she would re-send the offer to the new address, and the parties agreed to set a status conference for January 3, 2017 at 10:00 a.m. Notice of the status conference was sent to both parties, using the new address provided by Respondent.

16. On January 3, 2017, the ALJ held a status conference for which Respondent failed to appear. At the designated time for the status conference, the ALJ left a voicemail for Respondent informing her that she would give Respondent until 10:15 a.m. to contact the ALJ. When Respondent failed to do so, the ALJ convened the conference with Attorney Kluck, who moved

for default judgment based on Respondent's failure to appear and failure to file an Answer. The ALJ granted the motion and stated that she would issue a Notice of Default. At 10:22 a.m. that same day, Respondent left a voicemail for the ALJ stating that she did not hear her telephone ring, that she did not agree to the settlement offer, and that she wished to retain counsel. The ALJ returned Respondent's telephone call with Attorney Kluck on the line, but was unable to reach Respondent. The ALJ instructed Respondent to return the ALJ's telephone call, but Respondent failed to do so.

17. On January 6, 2017, the ALJ issued a Notice of Telephone Status Conference to be held on January 19, 2017. Due to Respondent's representations that she had not heard her telephone ring for the January 3, 2017 conference, the ALJ directed Respondent to contact the ALJ at the designated time set for the status conference at the telephone number provided.

18. On January 19, 2017, the ALJ held the status conference. When Respondent failed to contact the ALJ by the designated date and time, the ALJ attempted to call Respondent who did not answer her telephone. The ALJ reconvened the status conference with Attorney Kluck who renewed her motion for default judgment pursuant to Wis. Admin. Code § SPS 2.14 and Wis. Admin. Code § HA 1.07(3)(c). The ALJ granted the motion for default judgment.

19. On January 19, 2017, the ALJ issued a Notice of Default and Order which required the Division to file and serve no later than February 8, 2017, a recommended proposed decision and order.

20. The Division timely filed its recommended proposed decision and order.

## DISCUSSION AND CONCLUSIONS OF LAW

### Default

As stated in the January 19, 2017 Notice of Default and Order, Respondent is in default for failing to file an Answer to the Complaint and failing to appear at the telephone conferences held on November 21, 2016 and January 3 and 19, 2017. As a result, an order may be entered against her on the basis of the Complaint and other evidence. *See* Wis. Admin. Code § SPS 2.14; Wis. Admin. Code § HA 1.07(3)(b) and (c).

### Violations of Wisconsin Statute and Administrative Code

Following an investigation and disciplinary hearing, if the Board determines that a nurse has committed "[o]ne or more violations of this subchapter or any rule adopted by the board under the authority of this subchapter" or has committed "[m]isconduct or unprofessional conduct," it may "revoke, limit, suspend or deny a renewal of a license of a practical nurse . . . ." Wis. Stat. § 441.07(1g)(b) and (d), respectively.

Wisconsin Admin. Code § N 7.03 sets forth grounds for taking disciplinary action against a nurse. Under this code provision, "unsafe practice or substandard care" is defined to include "departing from or failing to conform to the minimal standards of acceptable nursing practice that may create unnecessary risk or danger to a patient's life, health, or safety," Wis. Admin. Code § N 7.03(6)(c), and "being unable to practice safely by reason of physical illness or impairment." Wis. Admin. Code § N 7.03(6)(h).

By her conduct on July 16, 2015, Respondent violated Wis. Admin. Code § N 7.03(6)(c) and (h). While standing at the medication cart during her duties as a nurse, Respondent was observed by several staff and nurses to be unfocused, dazed and barely able to keep her eyes open. She was also observed walking unsteadily toward a resident. The DON made contact with Respondent and observed that Respondent's eyes were glassy and appeared unfocused. Her speech was slow and she did not appear focused on the medication records she was viewing. During the medication pass that shift, Respondent applied a duragesic patch to a resident prior to the scheduled time for the patch to be changed and failed to properly dispose of the used duragesic patch. Based on Respondent's behaviors, Facility administrators advised Respondent that they would not have her finish her shift and requested that she submit to a drug test at a local clinic. Respondent failed to show up for the drug test. Respondent's conduct failed to conform to the minimal standards of acceptable nursing practice and created an unnecessary risk or danger to a patient's life, health, or safety under Wis. Admin. Code § N 7.03(6)(c). In addition, Respondent was unable to practice safely by reason of physical illness or impairment under Wis. Admin. Code § N 7.03(6)(h).

Further, by her own admission that she had smoked marijuana a week prior to this conduct, Respondent also violated Wis. Admin. Code § N 7.03(8)(e), by "obtaining, possessing or attempting to obtain or possess a drug without lawful authority."

As a result of this conduct, Respondent is subject to discipline under Wis. Stat. § 441.07(1g)(b) and (d).

#### Discipline

The three purposes of discipline are "(1) to promote the rehabilitation of the licensee; (2) to protect the public from other instances of misconduct; and (3) to deter other licensees from engaging in similar conduct. *State v. Aldrich*, 71 Wis. 2d 206, 237 N.W.2d 689 (1976).

The serious nature of Respondent's unprofessional conduct and her irresponsible conduct in this proceeding demonstrate that she requires significant rehabilitation and that the public, particularly patients, must be protected from her conduct. Therefore, Respondent must be reprimanded and limitations imposed on her license for a period of two years to ensure that she practices nursing safely and effectively.

The discipline imposed against Respondent must include drug testing to determine whether Respondent is taking non-prescribed medications or illegal drugs, and if so, the extent of such use. Drug testing for a substantial period is the only way that the Board will know if Respondent has ingested any medications that are not prescribed to her or are otherwise illegal.

In order to further rehabilitate Respondent and protect the public, Respondent should be required to provide the order to all nursing employers to ensure she is adequately monitored and that any unusual behavior can be brought to the attention of the Board or its designee. Additionally, Respondent should be restricted to work in Wisconsin pursuant to the Nurse Licensure Compact during the pendency of the limitations because otherwise monitoring becomes too difficult. The cause of Respondent's unusual behavior at work is not clear. As such, she should be required to undergo a fitness to practice evaluation to determine if she suffers from any medical condition which affects her ability to safely practice nursing.

Such discipline comports with prior decisions by the Board in similar situations. For example, in *In the Matter of Disciplinary Proceedings Against Kimberly Hughes, L.P.N.*, 0004958 (Oct. 13, 2016), a nurse, while on duty, was observed to have difficulty finishing her sentences and complained of abdominal pain. She was taken to the emergency department and underwent a urine screen. The urine screen was positive for tetrahydrocannabinol (THC). The Board reprimanded the nurse and limited her license for two years. Her license limitations included enrolling and participating in a drug monitoring program with random drug testing of not less than 49 times per year, providing a copy of the order to her employer, providing acknowledgment from her employer that the employer had reviewed a copy of the order, practicing only in a work setting pre-approved by the Board, practicing only in Wisconsin during the pendency of the limitations and paying costs.

Similarly, in *In the Matter of Disciplinary Proceedings Against Andrea Connelly, L.P.N.*, 0004419 (Dec. 10, 2015), a nurse, while on duty, was slurring her words, and her writing was illegible. In addition, she was found to have diverted cyclobenzaprine from a facility where she was working, ingested hydrocodone which was not prescribed to her and made documentation errors with regard to controlled substances at two different facilities. The Board reprimanded the nurse and limited her license for two years. Her license limitations included undergoing an AODA assessment and fitness for duty assessment, enrolling and participating in a drug monitoring program with random drug testing of not less than 49 times per year, providing a copy of the order to her employer, providing acknowledgment from her employer that they have reviewed a copy of the order, practicing only in a work setting pre-approved by the Board, practicing only in Wisconsin during the pendency of the limitations and paying costs.

Based on the facts of this case, the criteria set forth in *Aldrich*, and prior Board decisions, it is appropriate to impose the discipline set forth in the Order section below.

### Costs

The Department is vested with discretion concerning whether to assess all or part of the costs of this proceeding against Respondent. See Wis. Stat. § 440.22(2). In exercising such discretion, the Department must look at aggravating and mitigating facts of the case; it may not assess costs against a licensee based solely on a “rigid rule or invocation of an omnipresent policy,” such as preventing those costs from being passed on to others. *Noesen v. State Department of Regulation & Licensing, Pharmacy Examining Board*, 2008 WI App 52, ¶¶ 30-32, 311 Wis. 2d 237, 751 N.W.2d 385. The Department has also, in previous orders, considered many factors when determining if all or part of the costs should be assessed against a Respondent. See *In the Matter of Disciplinary Proceedings against Elizabeth Buenzli-Fritz* (LS0802183 CHI) (Aug. 14, 2008). It is within the Department’s discretion as to which, if any, of these factors to consider, whether other factors should be considered, and how much weight to give any factors considered.

Respondent’s failure to participate in these proceedings negates any mitigation of imposing the full costs of this matter. Respondent’s conduct is of a serious nature, potentially endangering patients for whom she is entrusted to care. The factual allegations were deemed admitted and there is no argument to indicate any factual findings and litigation were unnecessary. The Division has proven all counts alleged. The Division is seeking a reprimand with significant limitations of Respondent’s professional nursing license. Respondent has failed



to cooperate with the disciplinary process. By nature of being in default, Respondent has made no argument concerning whether costs should be assessed against her. Furthermore, it would be unfair to impose the costs of pursuing discipline in this matter on those licensees who have not engaged in misconduct. Therefore, it is appropriate for Respondent to pay the full costs of the investigation and of these proceedings.

### ORDER

Accordingly, IT IS HEREBY ORDERED:

1. Respondent is REPRIMANDED.
2. Respondent's professional nursing license and her privilege to practice nursing in Wisconsin pursuant to the Nurse Licensure Compact are LIMITED as follows:
  - a. Within 60 days from the date of this order, Respondent shall, at her own expense undergo a fitness to practice evaluation with a pre-approved psychiatrist or psychologist ("Evaluator") experienced in evaluating health care practitioners' fitness for duty.
  - b. Prior to evaluation, Respondent shall provide a copy of this Final Decision and Order to the Evaluator. Respondent shall provide the Department Monitor with written acknowledgment from the Evaluator that a copy of this Order has been received. Such acknowledgment shall be provided to the Department Monitor within 14 days of the evaluation.
  - c. The Evaluator performing the evaluation must not have treated Respondent and shall have been approved by the Board or its designee, with the opportunity for the Division to make its recommendation prior to the evaluation being performed.
  - d. Respondent shall execute necessary documents authorizing the Division to obtain records of evaluation, and to discuss Respondent and her case with the Evaluator. Respondent shall execute all releases necessary to permit disclosure of the final evaluation report to the Board or its designee. Certified copies of the final evaluation report shall be admissible in any future proceeding before the Board.
  - e. Respondent shall identify and provide the Evaluator with authorizations to communicate with all physicians, mental health professionals, and facilities at which Respondent has been treated or evaluated.
  - f. Respondent shall comply with any and all reasonable requests by the Evaluator for purposes of scheduling and completing the evaluation, including additional testing the examiner deems helpful. Any lack of reasonable and timely cooperation, as determined by the Evaluator, may constitute a violation of an order of the Board.

- g. Respondent is responsible for timely payment of the costs of the examination. Payment shall be made directly to the Evaluator.
- h. Within 15 days of the completion of the assessment, a written report regarding the results of the assessment shall be submitted to the Department Monitor at the address below. The report shall address whether Respondent suffers from any condition(s) that may interfere with her ability to practice safely and, if so, shall provide any recommended limitations for safe practice.
- i. If the Board determines that Respondent is fit to practice, the Board may nonetheless limit Respondent's license in a manner to address any concerns the Board has as a result of the conduct set out in the findings of fact and to address any recommendations resulting from the assessment, including, but not limited to:
  - i. Psychotherapy, at Respondent's expense, by a therapist approved by the Board or its designee, to address specific treatment goals, with quarterly reports to the Board by the therapist.
  - ii. Additional professional education in any identified areas of deficiency.
  - iii. Restrictions on the nature of practice or practice setting or requirements for supervision of practice, by a professional approved by the Board, with periodic reports to the Board by the supervisor.
- j. If the Board determines that Respondent is not fit to practice, the Board may suspend Respondent's license until Respondent provides proof sufficient to convince the Board that Respondent is able to practice with reasonable skill and safety of patients and the public and does not suffer from any condition which prevents Respondent from practicing in that manner. In the alternative, the Board may limit Respondent's license in a manner to address any concerns the Board has as a result of the conduct set out in the findings of fact and to address any recommendations resulting from the assessment, including, but not limited to:
  - i. Psychotherapy, at Respondent's expense, by a therapist approved by the Board or its designee, to address specific treatment goals, with quarterly reports to the Board by the therapist.
  - ii. Additional professional education in any identified areas of deficiency.
  - iii. Restrictions on the nature of practice or practice setting or requirements for supervision of practice, by a professional approved by the Board, with periodic reports to the Board by the supervisor.

3. Respondent's professional nursing license and her privilege to practice in Wisconsin pursuant to the Nurse Licensure Compact are further LIMITED as follows:

- a. For a period of at least two years from the date of this Order:
  - i. Respondent shall enroll and participate in a drug monitoring program which is approved by the Department (Approved Program).
  - ii. At the time Respondent enrolls in the Approved Program, Respondent shall review all of the rules and procedures made available by the Approved Program. Failure to comply with all requirements for participation in drug monitoring established by the Approved Program is a substantial violation of this Order. The requirements shall include:
    - 1. Contact with the Approved Program as directed on a daily basis, including vacations, weekends and holidays.
    - 2. Production of a urine, blood, sweat, fingernail, hair, saliva or other specimen at a collection site designated by the Approved Program within five hours of notification of a test.
    - 3. The Approved Program shall require the testing of specimens at a frequency of not less than 49 times per year for the first year of this Order.
  - iii. Respondent shall abstain from all personal use of controlled substances as defined in Wis. Stat. § 961.01(4), except when prescribed, dispensed or administered by a practitioner for a legitimate medical condition. Respondent shall disclose her drug history and the existence and nature of this Order to the practitioner prior to the practitioner ordering the controlled substance. Respondent shall at the time the controlled substance is ordered immediately sign a release in compliance with state and federal laws authorizing the practitioner to discuss Respondent's treatment with, and provide copies of treatment records to, the Board or its designee. Copies of these releases shall immediately be filed with the Department Monitor.
  - iv. Respondent shall report to the Department Monitor all prescription medications and drugs taken by Respondent. Reports must be received within 24 hours of ingestion or administration of the medication or drug, and shall identify the person or persons who prescribed, dispensed, administered or ordered said medications or drugs. Each time the prescription is filled or refilled, Respondent

shall immediately arrange for the prescriber or pharmacy to fax and mail copies of all prescriptions to the Department Monitor.

- v. Respondent shall provide the Department Monitor with a list of over-the-counter medications and drugs that she may take from time to time. Over-the-counter medications and drugs that mask the consumption of controlled substances, create false positive screening results, or interfere with Respondent's treatment and rehabilitation, shall not be taken unless ordered by a physician, in which case the drug must be reported as described in paragraph 3(a)(iv).
- vi. All positive test results are presumed valid and may result in automatic suspension of licensure by the Board or the Board's designee. Respondent must prove by a preponderance of the evidence an error in collection, testing, fault in the chain of custody or other valid defense.
- vii. If any urine, blood, sweat, fingernail, hair, saliva or other specimen is positive or suspected positive for any controlled substances, Respondent shall promptly submit to additional tests or examinations as the Board or its designee shall determine to be appropriate to clarify or confirm the positive or suspected positive test results.
- viii. Respondent shall provide her nursing employer with a copy of this Order before engaging in any nursing employment. Respondent shall provide the Department Monitor with written acknowledgment from each nursing employer that a copy of this Order has been received. Such acknowledgment shall be provided to the Department Monitor within 14 days of beginning new employment and/or within fourteen 14 days of the date of this Order for employment current as of the date of this Order.
- ix. While working at least half-time as a nurse, Respondent shall arrange for her nursing employer(s) to send to the Department Monitor satisfactory quarterly reports, reporting the terms and conditions of Respondent's employment and evaluating her work performance.
- x. The Board or its designee may, without hearing, suspend Respondent's nursing license upon receipt of information that Respondent is in substantial or repeated violation of any provision of this Limitation. A substantial violation includes, but is not limited to, a positive drug or alcohol screen. A repeated violation is defined as the multiple violations of the same provision or violation of more than one provision.

- xi. The Board or its designee may terminate the suspension if provided with sufficient information that Respondent is in compliance with this Limitation and that it is appropriate for the suspension to be terminated. Whether to terminate the suspension shall be wholly in the discretion of the Board or its designee.

4. Pursuant to Nurse Licensure Compact regulations, Respondent's nursing practice is limited to Wisconsin during the pendency of this limitation. This requirement may be waived only upon the prior written authorization of both the Wisconsin Board of Nursing and the regulatory board in the state in which Respondent proposes to practice.

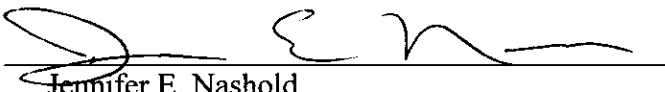
IT IS FURTHER ORDERED that Respondent shall pay all recoverable costs in this matter in an amount to be established, pursuant to Wis. Admin. Code § SPS 2.18. After the amount is established, payment shall be made by certified check or money order payable to the Wisconsin Department of Safety and Professional Services and sent to:

Department Monitor  
Department of Safety and Professional Services  
Division of Legal Services and Compliance  
P.O. Box 7190  
Madison, WI 53707-7190

IT IS FURTHER ORDERED that the terms of this Order are effective the date of the Final Decision and Order in this matter is signed by the Board.

Dated at Madison, Wisconsin on March 8, 2017.

STATE OF WISCONSIN  
DIVISION OF HEARINGS AND APPEALS  
5005 University Avenue, Suite 201  
Madison, Wisconsin 53705  
Tel. (608) 266-7709  
Fax (608) 264-9885

By:   
Jennifer E. Nashold  
Administrative Law Judge