

# Known Imposter Determination

The department is required by Chapter 108 of the Wisconsin Statutes to investigate fraudulent claims for benefits.

Applicable Wisconsin Law: 108.095; 108.04(11)
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## FINDINGS AND DETERMINATION OF DEPUTY:

The above named person made false statements or misrepresentations to obtain benefits in the name of another person. The above named person filed unemployment insurance claims assuming the identity of \_\_\_\_\_ without the knowledge or permission of \_\_\_\_\_ for the weeks ending \_\_\_\_ through \_\_\_\_.

## EFFECTS:

The above named person is required to pay the Department of Workforce Development \$\_\_\_\_\_, the amount of improperly paid benefits.

In addition, the above named person is required to pay the Department of Workforce Development an administrative assessment in the amount of \$\_\_\_\_\_.

To establish a payment agreement, please contact a collections specialist at (608) 266-9701 or email [uibencoll@dwd.wisconsin.gov](mailto:uibencoll@dwd.wisconsin.gov).

(SEE BACK FOR APPEAL INSTRUCTIONS)

Deputy	Dated	Decision final unless an appeal is received or postmarked by:
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**Note: Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].**

### HOW TO FILE AN APPEAL

**IF YOU DISAGREE WITH THIS DETERMINATION, AN APPEAL MAY BE FILED. If you receive more than one determination that you disagree with you must file an appeal to each.** An appeal is a request for a hearing before an Administrative Law Judge, and must be in writing and clearly state that it is an appeal of the determination(s) of the deputy; and should:

- Be signed by you, your agent or attorney; and
- Include a copy of the determination(s).
- Include your name and business name and unemployment employer account number.
- Include dates and time when you, your agent, attorney or witness(es) are not available for a hearing as postponements cannot always be granted. The hearing office will try to accommodate your request.
- Indicate any special needs such as an interpreter or other accommodations.

An appeal **must** be postmarked or received by the last appeal date shown on the front of this determination. An appeal by **FAX** must include the above information and must be received by midnight (Central Time) on the last appeal date.

An appeal mailed after the last appeal date should explain the reasons for your late appeal. A late appeal, if not for reasons beyond your control, **will** result in a dismissal of your appeal and **the determination will remain in effect**.

### WHERE TO FILE AN APPEAL

Send **only appeals** to this address:

**Mail:** Madison Hearing Office  
P.O. Box 7975  
Madison, WI 53707

**Fax:** 608-266-8180

### IMMEDIATELY START PREPARING FOR A HEARING

- Gather the relevant documents, evidence and witness(es) you need to present at the hearing.
- If an attorney or agent will represent you, immediately contact the hearing office with that person's name, address and dates(s) of unavailability.
- Upon receipt of an appeal, all parties involved in the hearing will be sent a Confirmation of Appeal (UCL-400) as well as information on hearing procedures. **READ ALL INFORMATION CAREFULLY.**