

PCAT240  
DEPARTMENT OF CORRECTIONS  
Parole Commission  
DOC-1208 (Rev.08/2012) WICS

WISCONSIN  
Wisconsin Statutes, Chapter 304  
Administrative Code, Chapter PAC1

### PAROLE COMMISSION ACTION

OFFENDER NAME BALSEWICZ, DOUGLAS	DOC # 221009	FACILITY NAME Fox Lake Correctional Institution [FLCI]	AGENT # 32107	TIS No	980 No
RECOMMENDED ACTION TAKEN  Grant Parole	NEW PED	MR/ES  10/02/2050	RECOMMENDED ELIGIBILITY DATE 05/17/2022	DATE ACTION TAKEN 04/14/2022	HEARING TYPE  Parole Review

If you are recommended for a parole grant/release, the time frame within which you shall be released, as established by the Chairperson of the Parole Commission, shall be reflected in the grant/order.

#### GENERAL REASONS FOR ACTION TAKEN

1. Parole Plan - approved
2. Your institutional conduct has been satisfactory.
3. Your program participation has been satisfactory.
4. Release at this time would not involve an unreasonable risk to the public.
5. You have served sufficient time for punishment.

#### COMMISSION COMMENTS

You were seen for parole consideration on case 97CF2534, Ct. 1 - 2nd Degree Intentional Homicide (40 years) and Ct. 2 - Burglary-Arm Self with Dangerous Weapon (40 years, CS). Your PED is 03/02/2022 and your MR is 10/02/2050. Your case carries PMR status and this has been explained to you. This is your 5th review with the Parole Commission and your last defer was 3 months.

According to the record, this offense occurred in June 1997 while you and your wife were separated and going through a divorce. You were reportedly under the influence of alcohol and cocaine. You drove to your wife's residence, where she and your 4 year old son and 2 year old daughter were asleep. You entered the home through a broken window, took possession of a knife, and stabbed your wife 42 times (20 times about the head and neck area). The following day, a neighbor saw your 4 year old son and 2 year old daughter wandering around outside unattended and questioned them. Your son replied that his mother had just been killed and that she was covered in blood. When you were placed under arrest, you told police that the demons told you to do it. You discussed having significant mental health issues at that time and used illegal drugs and alcohol to address symptoms rather than seek appropriate help. You take responsibility for your actions, but noted having a vague recollection of the details of what happened. You expressed remorse and stated you recognize the pain your actions have caused.

At the age of 54 you are serving your 1st incarceration and have served approximately 24 years and 10 months of the 80 year sentence structure. You have a limited prior record involving a property crime and placement on community supervision, which you successfully completed. You were initially classified at Maximum custody. You then progressed to Medium custody in March 2005 and then to Minimum custody in July 2020. You have 7 minor conduct reports and zero major conduct reports on your record. Your last minor conduct report was in November 2016.

It is noted that although you have Minimum custody, you are at a Medium facility to accommodate your medical needs. You transferred to JBCC from RCI on 07/20/2021, but then immediately moved to DCI because your medical needs could not be accommodated at JBCC. You were then placed at FLCI on 07/30/2021, along with being on the wait list for transfer to OCI. You discussed that your medical condition requires surgery in a community medical facility and have had surgery procedures scheduled, but due to complications you have not yet had surgery. You discussed that with being transferred to different DAI facilities, the services of where you receive medical treatment change due to your location and involves different medical staff becoming familiar with your condition.

With regard to programming, you have no unmet program needs. You completed AODA Lev 6 (02/2001), Cognitive Intervention (01/2001), Domestic Violence Counseling (11/2000), Anger Management (02/2001), and Vocational Education in Custodial Maintenance and Industrial Sewing (12/2000). You discussed what you have learned through programming has been to cope with anger and frustration in a healthy manner. You discussed no

interest with involvement in illegal substances or alcohol. You stated that you are also cautious on taking medications that could potentially have adverse effects in relation to your history of substance abuse and have discussions with medical staff on this issue. It is noted that you have had a health classification of MH-0 since 09/25/2008, but that previously you had a higher health classification level. You discussed working with PSU staff and taking medications to address your mental health earlier in your incarceration, but have not taken medication for mental health since 2000. You expressed that you have developed other means of positive coping that has expanded through your religious beliefs. It is noted that you have not been working since March 2017 as a result of medical issues.

Your release plan is to reside with your sister in Milwaukee, WI, with an alternate plan with friends in Mondovi, WI. At your last review with the Parole Commission, a PRI was requested. The plan with your sister was approved per the signed and dated PRI on 03/17/2022. You have approximately \$4,300.00 in your institution accounts and have outstanding financial obligations of \$37.38 for restitution on case 2-907027 and \$4.86 for a surcharge cost on case 97CF2534.

It was discussed with you that several family members of the victim have written in opposing your release. It is also noted that there are letters in your file of support you have from family and friends. All of this information was reviewed and taken into consideration.

Based upon the review of the parole criteria, an argument can be made that you have diminished your risk by having positive adjustment and completing all of your essential programs. Your risk is further diminished with having an approved residence and a positive support network. Having served a significant portion of your overall sentence, it is the opinion of the Commission that release at this time would not depreciate the severity of your offending behaviors and recommends your release on or after 05/10/2022.

This is only a Grant recommendation. This recommendation is subject to the review and approval of the Parole Commission Chairperson. As discussed at today's interview, any institution misconduct, major or minor could and probably would result in this grant recommendation not being approved by the Chairperson.

Date: 04/15/2022 --- Time: 07:00:18 AM --- User: J. Kramer

The Chair's decision in this case is based upon a review of Department of Corrections (DOC) records, including your (Mr. Balsewicz) adjustment while incarcerated AND Parole Commissioner's findings and recommendation, which was based upon an extensive review of your conviction history and behavior while in DOC custody.

Mr. Balsewicz, the crimes of which you were convicted are serious offenses, resulting in a loss of life and trauma to your victim's loved ones, including your own children. The effects of this trauma remains with your victim's loved ones this day. It is this Chair's sincere hope and expectation for you that, as you return to the community, you live the remainder your life in honor of those whose lives you have impacted.

The Chair supports and adopts the Commissioner's assessment and subsequent recommendation for your case. To date you have served nearly 25 years in Department of Corrections' institutions. You have successfully completed all recommended programming and worked towards securing release, as evidenced by sustained positive conduct, successful reduction in custody, and developing an approved release plan. You have demonstrated sufficient efforts for rehabilitation and earned your return to the community.

The Chair hereby grants parole to Douglas Balsewicz, effective May 17, 2022.

Note: The grant order will still allow 30 days from issuance for release.

Date: 04/27/2022 --- Time: 01:28:29 PM --- User: J. Tate, Chairperson

PCAT240  
DEPARTMENT OF CORRECTIONS  
Parole Commission  
DOC-1208 (Rev.08/2012) WICS

WISCONSIN  
Wisconsin Statutes, Chapter 304  
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**PAROLE COMMISSION ACTION**

OFFENDER NAME BALSEWICZ, DOUGLAS	DOC # 221009	FACILITY NAME Fox Lake Correctional Institution [FLCI]	AGENT # 32107	TIS No	980 No
RECOMMENDED ACTION TAKEN  Grant Parole	NEW PED	MR/ES  10/02/2050	RECOMMENDED ELIGIBILITY DATE 05/17/2022	DATE ACTION TAKEN  04/14/2022	HEARING TYPE  Parole Review

RECOMMENDED CONDITIONS OF SUPERVISION

REQUESTS FOR INFORMATION

MEMBER SIGNATURE		DATE SIGNED	
J. Tate 0113038		04/27/2022	
PAROLE COMMISSION CHAIRPERSON <i>The recommended Action is approved for the stated reasons.</i>		DATE APPROVED	

File Review

THERE IS NO ADMINISTRATIVE APPEAL OF THIS DECISION

**DISTRIBUTION:** Original - Social Service File; Copy - Parole Commission; Copy - RC; Copy - DCC Case File; Copy - INMATE  
Copy - Field Supervisor when PPI is Requested

Tony Evers  
Governor

John Tate II  
Chairperson



State of Wisconsin  
Parole Commission

Mailing Address

Post Office Box 7960  
Madison, WI 53707-796  
Telephone (608) 240-728  
Fax (608) 240-7299  
E-Mail:

ParoleCommission@Wisconsin.Gov

May 19, 2022

Michael Meisner, Warden  
Fox Lake Correctional Institution

RE: Balsewicz, Douglas #221009-A

Dear Warden Meisner:

Attached are the following documents related to the rescinded grant for the above person in custody:

- Outline of Rescinded Parole Grant Process
- DOC 1208B-Notice of Rescinded Parole Grant and Statement of Hearing Rights
- Addresses of the Public Defender's Office with the corresponding institution

Please review the Outline of Rescinded Parole Grant Process with the person in custody and serve him/her with the 1208B.

It should be signed by both you and the person in custody. If he refuses to sign, please complete the bottom portion. A copy of the signed 1208B should be placed in the social services file and a copy given to the person in custody with the original returned to my attention for further processing and distribution.

Please note, Mr. Balsewicz new parole eligibility date is 3/2/2023.

Please feel free to contact me or the Parole Commission office if you have questions or comments. Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Sara Tome".

Sara Tome, Offender Records Associate  
Wisconsin Parole Commission

5/20/22, 2:56 PM

PCAT273 - Notice of Rescinded Parole Grant and Statement of Hearing Rights

PCAT273  
DEPARTMENT OF CORRECTIONS  
PAROLE COMMISSION  
DOC-1208B (Rev. 09/2011)

WISCONSIN  
Administrative Code  
Chapter PAC 1

**NOTICE OF RESCINDED PAROLE GRANT  
AND STATEMENT OF HEARING RIGHTS**

OFFENDER NAME BALSEWICZ DOUGLAS	DOC NUMBER 221009	FACILITY NAME Fox Lake Correctional Institution	AGENT # 32107
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The Parole Commission has rescinded the Parole Grant dated 05/19/2022 for a release to occur on Recommended Eligibility Date N/A based on the following:

Mr. Balsewicz, you are serving 80-year indeterminate, parole-eligible sentence for 2nd Degree Intentional Homicide and Burglary-Arm Self with Dangerous Weapon. On 4/14/2022, you were recommended for discretionary parole by Commissioner Kramer, who identified your risk as being mitigated through program completion, developing an approved release plan, and successful transition through reduced custody to the extent possible; which was limited by your medical needs. Commissioner Kramer also noted your positive institution adjustment as a reflection of risk reduction. It was noted that victim opposition was received and considered in this recommendation. This recommendation was approved on 4/27/2022, with an effective date of 5/17/2022.

Following approval, it was brought to the Commission's attention that certain statutory victims had not provided feedback, but desired to do so in consideration of your parole. Most notably, the daughter of your victim, who was a minor at the time of the offense, was not among the victims who were invited to offer impact statements or attend the hearing. This exclusion appears to be a function of an oversight in process, wherein minor victims are not automatically invited to register for notification and to exercise their statutory rights as victims upon achieving adulthood. Given the critical role of victim input, the dual victim status of your victim's daughter, and the missed opportunity to include her and potentially others in the paroling process, the assessment of sufficient time as to not deprecate the seriousness of the offense must be reevaluated in the context of receiving that victim feedback; or, at a minimum, providing ample opportunity for feedback to be offered.

It is the judgment of the Chair that aforementioned information does constitute a change in circumstances. Thus, the Chair is compelled to rescind your parole and establish a new parole eligibility date of 03/02/2023 with parole review to occur in January 2023.

Date: 05/19/2022 -- Time: 08:35:32 AM -- User: J. Tate, Chairperson

**HEARING RIGHTS**


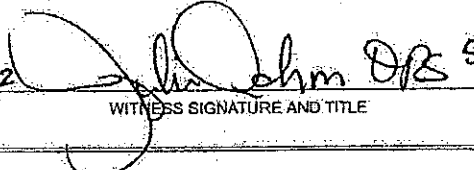
In accordance with Administrative Code PAC 1.07(5)(c) you have the following rights:

- Written notice of reasons for the parole grant cancellation;
- disclosure of evidence;
- to appear and be heard by an impartial Administrative Law Judge from the Division of Hearings and Appeals in the Department of Administration;
- to present witnesses and evidence and to confront and cross-examine witnesses;
- to receive a written statement of the evidence relied upon; and
- to be represented by counsel.

ACTION TAKEN Rescind Grant	PEQ/RED/PESD 03/02/2023	MR 10/02/2050
SIGNATURE OF PAROLE COMMISSION CHAIRPERSON J. Tate 0113038		05/19/2022
SIGNATURE		DATE SIGNED

**RECEIPT**

I read the above statement and understand my rights as outlined above. As noted above, the reasons for the rescinded grant/release are affixed on this form and serve as written notice to me.

	5-23-2022		5-23-2022
OFFENDER'S SIGNATURE	DATE SIGNED	WITNESS SIGNATURE AND TITLE	DATE SIGNED

Refused to Sign

**Hearing Request**

If you wish to have a hearing before Division of Hearings and Appeals, you must submit your request in writing on form DOC-2341 "Offender Request for Rescinded Parole Grant Hearing" to the Wisconsin Parole Commission Chairperson at P.O. Box 7960, Madison, WI 53707-7960. Your written request must be received within 10 (ten) days of receiving this notice. If you do not respond to the Chairperson within the 10 (ten) days, you will have waived your right to a hearing before the Division of Hearings and Appeals and the rescinded grant decision will be final.

DISTRIBUTION: Original - Division of Hearing & Appeals (Attach Copy of DOC-1208B); Copy - Records Office; Copy - Social Worker (Offender SS File); Copy - Central Records Unit; Copy - Facility Representative; Copy - Parole Commission Representative; Copy - Agent; Copy - PRC Copy - Offender

### OUTLINE OF RESCINDED PAROLE GRANT PROCESS

A notice of rescinded parole grant and statement of hearing rights is hereby served on you advising that your parole grant is rescinded. This action is subject to an administrative hearing. At this informal hearing you have a right to be represented by an attorney. If you cannot afford to hire counsel, you must contact the state public defender for an indigence determination and appointment of counsel.

#### HEARING

The hearing will be conducted by an Administrative Law Judge employed by Department of Administration, Division of Hearings and Appeals. At the hearing, you and the Parole Commission representative will be permitted to present testimony, witnesses and documents. All testimony will be recorded.

After the hearing, the Administrative Law Judge will enter a written recommendation to the Chairperson of the Parole Commission with regard to the rescinded grant. The Administrative Law Judge will also make written Findings of Fact and Conclusion of Law. This will be furnished to you, your attorney and the Parole Commission.

The final decision of the Parole Commission Chairperson will be made upon receipt of the recommended decision of the Administrative Law Judge. The notice of review by Writ of Certiorari should be included with the final decision of the Chairperson.

#### HOW TO REQUEST A HEARING

If you wish to have a hearing before Division of Hearings and Appeals, you must submit your request in writing on form DOC-2341 "Offender Request for Rescinded Parole Grant Hearing" to the Wisconsin Parole Commission Chairperson at P.O. Box 7960, Madison, WI 53707-7960. Your written request must be received within 10 (ten) days of receiving the Notice of Rescinded Grant and Statement of Hearing Rights.

#### HOW TO REQUEST AN ATTORNEY

If you wish to be represented by an attorney, it is your responsibility to obtain counsel. If you cannot afford to hire counsel, you must contact the state public defender for an indigence determination and appointment of counsel.

#### SUBPOENAS

You and the Parole Commission have the right to subpoena witnesses to testify at the hearing. Witnesses will be asked to give testimony that relates to the allegation(s) upon which the rescinded grant is based. Subpoenas are obtained from your attorney.

**DISTRIBUTION:** Original - Division of Hearing & Appeals (Attach Copy of DOC-12088); Copy - Records Office; Copy - Social Worker (Offender SS File); Copy - Central Records Unit; Copy - Facility Representative; Copy - Parole Commission Representative; Copy - Agent; Copy - PRC Copy - Offender

### NOTICE OF RESCINDED PAROLE GRANT AND STATEMENT OF HEARING RIGHTS

INMATE NAME Douglas Balsewicz	DOC NUMBER 221009	FACILITY NAME Fox Lake Correctional Institution	AGENT # 32107
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The Parole Commission has rescinded the Parole Grant dated 04/27/2022 for a release to occur on Recommended Eligibility Date 05/17/2022 based on the following:

#### HEARING RIGHTS

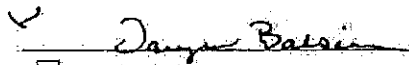
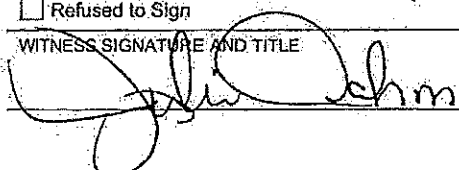
In accordance with Administrative Code PAC 1.07 (7) (e) you have the following rights:

- Written notice of reasons for the parole grant cancellation;
- Disclosure of evidence;
- To appear and be heard by an impartial Administrative Law Judge from the Division of Hearings and Appeals in the Department of Administration;
- To present witnesses and evidence and to confront and cross-examine witnesses;
- To receive a written statement of the evidence relied upon; and
- To be represented by counsel

ACTION TAKEN	PED	MR
SIGNATURE OF PAROLE COMMISSION CHAIRPERSON		DATE SIGNED

#### ACKNOWLEDGMENT OF RIGHTS

I have read (or have had read to me) and understand the above "Hearing Rights" notice and the "Outline of Rescinded Parole Grant Process". I further acknowledge reading (or having had read to me) the Rescinded Grant / Release Decision as written above.

INMATE SIGNATURE 	DATE SIGNED 5-23-2022
<input type="checkbox"/> Refused to Sign	
WITNESS SIGNATURE AND TITLE 	DATE SIGNED 5.23.2022

#### HEARING REQUEST

If you wish to have a hearing before Division of Hearings and Appeals, you must submit your request in writing on form DOC-2341 "Inmate Request for Rescinded Parole Grant Hearing" to the Wisconsin Parole Commission Chairperson at P.O. Box 7960, Madison, WI 53707-7960. Your written request must be received within 10 (ten) calendar days of receiving this notice. If you do not respond to the Chairperson within the 10 (ten) calendar days, you will have waived your right to a hearing before the Division of Hearings and Appeals and the rescinded grant decision will be final.

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### HEARING

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### HOW TO REQUEST AN ATTORNEY

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### SUBPOENAS

You and the Parole Commission have the right to subpoena witnesses to testify at the hearing. Witnesses will be asked to give testimony that relates to the allegation(s) upon which the rescinded grant is based. Subpoenas are obtained from your attorney.

**DISTRIBUTION:** Original - Social Service File, Left Side; Official Record - DCC Offender Case File; Copy - Facility Representative; Copy - Parole Commission Representative; Copy - CRU; Copy - RC; Copy - Inmate



5/20/22, 2:56 PM

PCAT273 - Notice of Rescinded Parole Grant and Statement of Hearing Rights

PCAT273  
DEPARTMENT OF CORRECTIONS  
PAROLE COMMISSION  
DOC-2341 (Rev. 1/2019)

WISCONSIN  
Administrative Code  
Chapter PAC 1

**INMATE REQUEST FOR RESCINDED PAROLE GRANT ORDER HEARING**

**SOLICITUD DE RECLUSO(A) PARA OBTENER UNA AUDIENCIA POR LA ANULACIÓN DE LA ORDEN DE LIBERTAD  
CONDICIONAL CONCEDIDA**

INMATE NAME / NOMBRE DEL(A) RECLUSO(A) BALSEWICZ, DOUGLAS	DOC NUMBER NUMERO DE RECLUSO(A) 221009	FACILITY NAME NOMBRE DE LA FACILIDAD Fox Lake Correctional Institution	AGENT# AGENTE # 32107
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The Parole Commission has rescinded the parole grant dated 05/19/2022.  
La Comisión de Libertad Condicional ha anulado la libertad condicional concedida en 05/19/2022.

If you wish to have a hearing before Division of Hearings and Appeals, you must submit your request in writing to the Parole Commission Chairperson at P.O. Box 7960, Madison, WI 53707-7960. Your written request must be received within 10 (ten) calendar days of receiving your Notice of Rescinded Parole Grant Order and Statement of Hearing Rights (DOC-1208B). If you do not respond to the Chairperson within the 10 (ten) days, you will have waived your right to a hearing before the Division of Hearings and Appeals.

Si es que usted desea tener una audiencia ante la División de Audiencias y Apelaciones, usted debe enviar su solicitud escrita a/la Presidente de La Comisión de Libertad Condicional a P.O. Box 7960, Madison, WI 53707-7960. Su solicitud escrita debe ser recibida dentro de 10 (diez) días de recibir su Notificación de Anulación de la Orden de Libertad Condicional Concedida y de la Declaración de Derechos a Una Audiencia (DOC-1208B). Si usted no responde a/la Presidente dentro de 10 (diez) días del calendario, usted habrá renunciado a su derecho de tener una audiencia ante la División de Audiencias y Apelaciones.

**INSTRUCTIONS:** Write your request in the space provided below and submit to the Parole Commission.  
**INSTRUCCIONES:** Escriba su solicitud en el espacio provisto abajo y debe enviarla a la Comisión de Libertad Condicional.

INMATE SIGNATURE FIRMA DEL(A) RECLUSO(A) # 	DATE SIGNED FECHA DE FIRMA # 5-23-2022
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**DISTRIBUTION:** Original - Division of Hearing & Appeals (Attach Copy of DOC-1208B); Official Record - Social Service File, Left Side; Official Record - DCC Offender Case File; Copy - CRU; Copy - Parole Commission Representative; Copy - RC; Copy - Inmate

**INMATE REQUEST FOR RESCINDED PAROLE GRANT ORDER HEARING**  
**SOLICITUD DE RECLUSO(A) PARA OBTENER UNA AUDIENCIA POR LA ANULACIÓN DE LA ORDEN DE LIBERTAD CONDICIONAL CONCEDIDA**

INMATE NAME / NOMBRE DEL/A RECLUSO(A)	DOC NUMBER NÚMERO DE RECLUSO(A)	FACILITY NAME NOMBRE DE LA FACILIDAD	AGENT # AGENTE #
Douglas Balsewicz	221009	FLU	32107

The Parole Commission has rescinded the Parole Grant dated

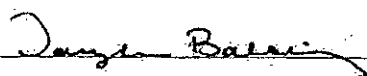
La Comisión de Libertad Condicional ha anulado la libertad condicional concedida en \_\_\_\_\_

If you wish to have a hearing before Division of Hearings and Appeals, you must submit your request in writing to the Parole Chairperson at P.O. Box 7960, Madison, WI 53707-7960. Your written request must be received within 10 (ten) calendar days of receiving your Notice of Rescinded Parole Grant Order and Statement of Hearing Rights (DOC-1208B). If you do not respond to the Chairperson within the 10 (ten) days, you will have waived your right to a hearing before the Division of Hearings and Appeals.

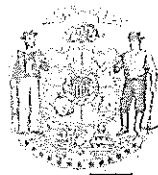
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**INSTRUCTIONS:** Write your request in the space provided below and submit to the Parole Commission.

**INSTRUCCIONES:** Escriba su solicitud en el espacio provisto abajo y debe enviarla a la Comisión de Libertad Condicional.

INMATE SIGNATURE FIRMA DEL/A RECLUSO(A)	DATE SIGNED FECHA DE FIRMA
	5-23-2020

**DISTRIBUTION:** Original - Division of Hearing & Appeals (Attach Copy of DOC-1208B); Official Record - Social Service File, Left Side; Official Record - DCC Offender Case File; Copy - CRU; Copy - Parole Commission Representative; Copy - RC; Copy - Inmate



# Tony Evers

Office of the Governor | State of Wisconsin

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May 13, 2022

John Tate  
Chair of the Parole Commission  
3099 East Washington Ave.  
Madison, WI 53704

Chairperson Tate:

Unlike the decision to *pardon* a person's prior criminal offense—a process that lies solely with me as Governor of this state—the decision to *parole* an individual actively serving an eligible sentence with the Department of Corrections lies solely with you as Chairperson of the Parole Commission.

It is my understanding that you recently approved the parole grant of Mr. Douglas Balsewicz, shy of his serving 25 years into an 80-year sentence for the murder of Ms. Johanna Balsewicz, his soon-to-be ex-wife. Johanna was in her home with her two young children when Douglas Balsewicz stabbed her more than 40 times. This case is disturbing and horrific, and the magnitude of this tragedy rippled through Johanna's family—the effects of which they endure still today.

In recent days, members of Johanna's immediate family have appealed to me directly, asking for a meeting with my staff and me. Today, I had the opportunity to speak directly with them and heard firsthand about the weight of the grief, trauma, and anxiety they carry every day. I also heard about their concerns throughout this recent parole process, including a lack of transparency, accountability, and notification, causing more trauma and pain for Johanna's family.

It is in light of this conversation that I write to you today. While I do not have the authority to overrule your decision in this case, I must implore you to reconsider.

I do not agree with this decision, and I have considerable concerns regarding whether Johanna's family was afforded sufficient opportunity to voice their memories, perspectives, and concerns before this decision was made. I have often spoken about forgiveness and the power of redemption—values I know Johanna's family and I both share. I also believe, however, and Wisconsin state law agrees, that the voices, experiences, and trauma of victims of crimes must weigh heavily in these conversations and deserve full and meaningful consideration. Justice simply demands it.

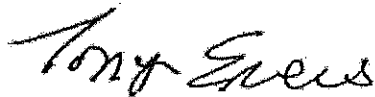
Page 2

Our constitution states that victims have a right to be heard. Our statutes reiterate that victims have the right to provide direct input in the parole decision-making process. Section PAC 1.07(7) of the Wisconsin Administrative Code provides that you can rescind your decision where there has been a change in circumstances. I implore you to look again at this case and, importantly, to do so swiftly and without any delay.

I understand Douglas Balsewicz is to be released on or after May 17, 2022. Given this compressed timeline, I am requesting your immediate and expeditious reconsideration to determine whether this additional victim input changes your opinion as to whether release would depreciate the seriousness of this offense. Among the factors that must be considered is whether the questions raised regarding the appropriate level of victim notification and opportunity for input—especially given the extremely violent nature of the offense and relative recency—constitutes a change in circumstances justifying rescission at this time.

If Douglas Balsewicz goes free next week, the victim's family may be deprived of participating to the fullest extent justice requires. Johanna and Johanna's family deserve that opportunity, and I urge your immediate reconsideration to ensure that they do.

Respectfully,

A handwritten signature in black ink that reads "Tony Evers". The signature is written in a cursive, flowing style.

Tony Evers  
Governor

D Balsewicz victims enrolled with OVSP as of 08/08/2022

1. [REDACTED] P [REDACTED] enrolled on 12/19/2003
2. M [REDACTED] B [REDACTED]; enrolled on 12/19/2003
3. K [REDACTED] K [REDACTED] enrolled on 12/19/2003
4. C [REDACTED] V [REDACTED]; enrolled on 06/03/2009
5. T [REDACTED] C [REDACTED]; enrolled on 05/03/2022
6. J [REDACTED] S [REDACTED] enrolled on 05/19/2022
7. K [REDACTED] C [REDACTED]; enrolled on 07/19/2022
8. K [REDACTED] S [REDACTED] enrolled on 07/26/2022
9. N [REDACTED] B [REDACTED]; enrolled on 08/04/22



# WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony Evers/ Secretary Kevin A. Carr

Office of Victim Services and Programs

February 01, 2022

J [REDACTED] P [REDACTED]  
[REDACTED]  
[REDACTED]

Re: Offender Parole Interview Information  
BALSEWICZ, DOUGLAS  
DOC# 221009

COUNTY Milwaukee County  
COURT CASE # 97CF2534

Dear J [REDACTED] P [REDACTED]:

You have enrolled with the Office of Victim Services and Programs (OVSP) to receive notification regarding the above-named offender's consideration for parole. This is to notify you that this offender will have a parole interview during the month of April. Please keep in mind that a parole interview does not necessarily mean that the offender will be released, only that the offender is eligible for parole according to state law. Parole interviews may need to be rescheduled due to a variety of reasons.

Parole interviews are conducted by the Parole Commission. The Parole Commission will take into consideration written statements provided about how the offense has affected you and your feelings about whether this person should be released early. Input can be provided by using the enclosed form or by submitting a statement online in DOC NOTIS. Wisconsin state statute defines eligibility for parole interview attendance. Please see the enclosed brochure for more information on eligibility criteria. If you are considering attending the parole interview or having direct communication with the Parole Commission, please call OVSP within 10 days of receiving this notification. You will be notified of the Parole Commission's decision, regardless of whether or not you provide input into the parole process.

If you have any questions or concerns about this offender's status, need assistance accessing DOC NOTIS, or want to update your contact information over the phone, please contact OVSP Monday through Friday from 7:45 a.m. to 4:30 p.m. at 800-947-5777 and a Victim Services Specialist will assist you.

*Please note, The Wisconsin Parole Commission is the final authority for granting discretionary paroles or releases from prison for crimes committed before December 31, 1999, and is a separate entity from the Wisconsin Department of Corrections. The Parole Commission Chairperson can make changes to a parole/release decision at any time.*

Sincerely,

Elizabeth Lucas, Director  
Office of Victim Services and Programs  
Wisconsin Department of Corrections

**VICTIM'S STATEMENT REGARDING PAROLE OR EARLY RELEASE**

I consent to have this statement read out loud in the presence of the offender BALSEWICZ, DOUGLAS DOC# 221009

I do not want this statement to be read out loud in the presence of the offender BALSEWICZ, DOUGLAS DOC# 221009

**How has this offense affected you and your family? You may wish to describe the physical, emotional, and financial effects.**

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**What is your recommendation in this matter and why?**

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SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_  
PLEASE PRINT NAME: \_\_\_\_\_

RETURN THIS STATEMENT TO: **Department of Corrections**  
Office of Victim Services and Programs  
P.O. Box 7925  
Madison, WI 53707-7925  
FAX 608-240-3353  
Email [DOCOVSPAdmin@wisconsin.gov](mailto:DOCOVSPAdmin@wisconsin.gov)  
Website <https://notis.doc.state.wi.us>

Please attach additional pages if necessary. This form may be submitted via email with an electronic signature. If you have any questions regarding your written statement, please contact the Office of Victim Services and Programs at 1-800-947-5777. This document will be kept confidential to the extent allowable by law.


# Wisconsin Department of Corrections VINE

[home](#) | [feedback](#) | [what's new](#) | [user manual](#) | [faq](#) | [logout](#)

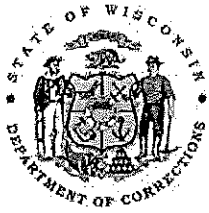
**Victim Profile**  
 J [REDACTED] P [REDACTED] (4800021032)

VOICE Password: [REDACTED]  
 D:E:A Telephone: D: [REDACTED] E: [REDACTED] A:  
 Date Of Birth: [REDACTED]

**Offender Registrations** sort alphabetically  
**DOUGLAS BALSEWICZ (00221009) of WISCONSIN DOC**  
 Incarcerated at FOX LAKE CORRECTIONAL INSTITUTION  
 Letter, Created by Other 12/19/2003 05:56:12PM CST (Audit Report)

 <p>Lock</p>	<b>reports</b> notifications registrations offenders sex offenders cases probationers/parolees statistics eol snapshot last data update registrant classification agency outage insight	<b>letters</b> printed unprinted archives	<b>registrations</b> search	<b>search</b> offenders	<b>administration</b> add user update user activity report
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# WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony Evers/ Secretary Kevin A. Carr

Office of Victim Services and Programs

M [REDACTED] B [REDACTED]  
[REDACTED]  
[REDACTED]

February 01, 2022

Re: Offender Parole Interview Information  
BALSEWICZ, DOUGLAS  
DOC# 221009

COUNTY Milwaukee County  
COURT CASE # 97CF2534

Dear M [REDACTED] B [REDACTED]

You have enrolled with the Office of Victim Services and Programs (OVSP) to receive notification regarding the above-named offender's consideration for parole. This is to notify you that this offender will have a parole interview during the month of April. Please keep in mind that a parole interview does not necessarily mean that the offender will be released, only that the offender is eligible for parole according to state law. Parole interviews may need to be rescheduled due to a variety of reasons.

Parole interviews are conducted by the Parole Commission. The Parole Commission will take into consideration written statements provided about how the offense has affected you and your feelings about whether this person should be released early. Input can be provided by using the enclosed form or by submitting a statement online in DOC NOTIS. Wisconsin state statute defines eligibility for parole interview attendance. Please see the enclosed brochure for more information on eligibility criteria. If you are considering attending the parole interview or having direct communication with the Parole Commission, please call OVSP within 10 days of receiving this notification. You will be notified of the Parole Commission's decision, regardless of whether or not you provide input into the parole process.

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Sincerely,

Elizabeth Lucas, Director  
Office of Victim Services and Programs  
Wisconsin Department of Corrections

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I consent to have this statement read out loud in the presence of the offender BALSEWICZ, DOUGLAS DOC# 221009

I do not want this statement to be read out loud in the presence of the offender BALSEWICZ, DOUGLAS DOC# 221009

**How has this offense affected you and your family? You may wish to describe the physical, emotional, and financial effects.**

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**What is your recommendation in this matter and why?**

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SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

PLEASE PRINT NAME: \_\_\_\_\_

RETURN THIS STATEMENT TO: **Department of Corrections**  
Office of Victim Services and Programs  
P.O. Box 7925  
Madison, WI 53707-7925  
FAX 608-240-3353  
Email [DOCOVSPAdmin@wisconsin.gov](mailto:DOCOVSPAdmin@wisconsin.gov)  
Website <https://notis.doc.state.wi.us>

Please attach additional pages if necessary. This form may be submitted via email with an electronic signature. If you have any questions regarding your written statement, please contact the Office of Victim Services and Programs at 1-800-947-5777. This document will be kept confidential to the extent allowable by law.

# Wisconsin Department of Corrections VINE

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**Victim Profile**

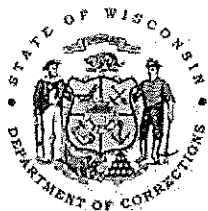
**M** **GE** (4800021030)

**VOICE Password:** [REDACTED]  
**D.E.A. Telephone:** D: [REDACTED] E: [REDACTED] A:  
**Date Of Birth:** [REDACTED]

**Offender Registrations** [sort alphabetically](#)  
**DOUGLAS BALSEWICZ (00221009) of WISCONSIN DOC**  
 Incarcerated at FOX LAKE CORRECTIONAL INSTITUTION  
 Letter, Created by Other: 12/19/2003 05:56:12PM CST (Audit Report)



- Lock**
- reports**
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  - sex offenders
  - cases
  - probationers/pardees
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  - snapshot
  - last data update
  - registrant
  - classification
  - agency outage
  - insight
- letters**
  - printed
  - unprinted
  - archives
- registrations**
  - search
- search**
  - offenders
- administration**
  - add user
  - update
  - user activity report



# WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony Evers/ Secretary Kevin A. Carr

Office of Victim Services and Programs

February 01, 2022

K [REDACTED] K [REDACTED]  
[REDACTED]

Re: Offender Parole Interview Information  
BALSEWICZ, DOUGLAS  
DOC# 221009

COUNTY Milwaukee County  
COURT CASE # 97CF2534

Dear K [REDACTED] K [REDACTED]

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Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Lucas".

Elizabeth Lucas, Director  
Office of Victim Services and Programs  
Wisconsin Department of Corrections

**VICTIM'S STATEMENT REGARDING PAROLE OR EARLY RELEASE**

I consent to have this statement read out loud in the presence of the offender BALSEWICZ, DOUGLAS DOC# 221009

I do not want this statement to be read out loud in the presence of the offender BALSEWICZ, DOUGLAS DOC# 221009

**How has this offense affected you and your family? You may wish to describe the physical, emotional, and financial effects.**

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**What is your recommendation in this matter and why?**

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SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

PLEASE PRINT NAME: \_\_\_\_\_

RETURN THIS STATEMENT TO: **Department of Corrections**  
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Email [DOCOVSPAdmin@wisconsin.gov](mailto:DOCOVSPAdmin@wisconsin.gov)  
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# Wisconsin Department of Corrections VINE

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Victim Profile  
K K (4800021029)

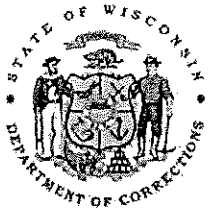
VOICE Password: [REDACTED]  
D.E.A. Telephone: D [REDACTED] E [REDACTED] A [REDACTED]  
Date Of Birth: [REDACTED]

Offender Registrations sort alphabetically  
DOUGLAS BALSEWICZ (00221009) of WISCONSIN DOC  
Incarcerated at FOX LAKE CORRECTIONAL INSTITUTION  
Letter, Created by Other 12/19/2003 05:56:12PM CST (Audit Report)



Lock

- reports**
  - notifications
  - registrations
  - offenders
  - sex offenders
  - cases
  - probationers/parolees
  - statistics
  - sol
  - snapshot
  - last data update
  - registrant
  - classification
  - agency outage
  - insight
- letters**
  - printed
  - unprinted
  - archives
- registrations**
  - search
- search**
  - offenders
- administration**
  - add user
  - update
  - user activity report



# WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony Evers/ Secretary Kevin A. Carr

Office of Victim Services and Programs

C [REDACTED] V [REDACTED]  
[REDACTED]  
[REDACTED]

February 01, 2022

Re: Offender Parole Interview Information  
BALSEWICZ, DOUGLAS  
DOC# 221009

COUNTY Milwaukee County  
COURT CASE # 97CF2534

Dear C [REDACTED] V [REDACTED]:

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Elizabeth Lucas, Director  
Office of Victim Services and Programs  
Wisconsin Department of Corrections

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**What is your recommendation in this matter and why?**

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SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_  
PLEASE PRINT NAME: \_\_\_\_\_

RETURN THIS STATEMENT TO: **Department of Corrections**  
Office of Victim Services and Programs  
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Madison, WI 53707-7925  
FAX 608-240-3353  
Email [DOCOVSPAdmin@wisconsin.gov](mailto:DOCOVSPAdmin@wisconsin.gov)  
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Navigation Pane

**VICTIM SERVICES CONTACT RECORD**

Contact: **V** **C** View Contact Info # of Miscellaneous Offenders

Victimizing Crime: Survivor of Homicide Victim Status: VOICE Contact Misc Offender

Contact Phone Numbers	Type of Phone	Ext	Offender/s That Victimized the Contact		
			Offender ID	Last Name	First Name
☒	Home		☒ 221009	BALSEWICZ	DOUGLAS
			<input type="checkbox"/> Apology Request <input type="checkbox"/> Apology Made <input type="checkbox"/> Apology Denied		

Record: 1 of 1   No Filter   Search

Date of Contact: 09/14/07 Service: Crim Justice Advocacy

Intervening Staff: \*

Special Note:

Hello, this is Karla from the Office of Victim Services responding to your message sent to our office from the www.WVictimsvoice.org Web site.

I am very sorry to hear about the loss of your sister. The offender is at the New Lisbon Correctional Institute. He is eligible for a parole interview in 2017, however, he will not be released by the parole commissioner since he has not served enough prison time.

If you are interested in enrolling with our office to receive updates on the offender's status, please call our toll-free number below. Please let us know if you could already be enrolled under a different last name.

Sincerely,

Record: 1 of 2   No Filter   Search

Navigation Pane

**VICTIM SERVICES CONTACT RECORD**

Contact: **V** **C** View Contact Info # of Miscellaneous Offenders

Victimizing Crime: Survivor of Homicide Victim Status: VOICE Contact Misc Offender

Contact Phone Numbers	Type of Phone	Ext	Offender/s That Victimized the Contact		
			Offender ID	Last Name	First Name
☒	Home		☒ 221009	BALSEWICZ	DOUGLAS
			<input type="checkbox"/> Apology Request <input type="checkbox"/> Apology Made <input type="checkbox"/> Apology Denied		

Record: 1 of 1   No Filter   Search

Date of Contact: 10/03/09 Service: Crim Justice Advocacy


Intervening Staff: Joan Streeter

Special Note:

M CALLED TO ENROLL. MAILED CARD/BROC.

Record: 2 of 2   No Filter   Search

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[Case Note](#)
[Management Console](#)


**Wisconsin DOC NOTIS**  
**Wisconsin Department of Corrections and Department of Health Services**

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[Email](#)
[Phone](#)
[Case Notes](#)
[Offender Association](#)
[Notifications](#)
[Preferences](#)
[Electronic Forms](#)

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[Logout](#)

**Summary**  
**Name:** C T M  
**Username:** 4802006415  
**Person Type:** Emollee  
**Account Status:** Active

[<< Return to Person Search Results](#)

New Notifications					
Offender Name	DOC#	Created	Description	Delivery Type	Undeliverable
Balsewicz, Douglas	00221009	05/03/2022	Enrollment Information	Email Alert	

Page 1 of 1      20 v      View 1 - 1 of 1

Wisconsin DOC NOTIS

Wisconsin Department of Corrections and Department of Health Services

Welcome LEWISDM



Summary

Name: S [REDACTED]

Person Type: Enrollee

Username: 4802006548

Account Status: Active

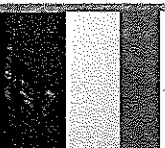
<< Return to Person Search Results

New Notifications

Offender Name	DOC#	Created	Description	Delivery Type	Undeliverable
Balsewicz, Douglas	00221009	05/19/2022	Enrollment Information	Both	

Page 1 of 1

View 1 - 1 of 1


**Wisconsin DOC NOTIS**  
 Wisconsin Department of Corrections and Department of Health Services

Welcome LUCASIE  
 Person Type: Enrollee  
 Account Status: Active

New Notifications  
 Offender Name: Balsewicz, Douglas  
 DOC#: 00221009  
 Created: 07/19/2022  
 Description: Enrollment Information  
 Delivery Type: Both  
 Undeliverable: View 1 - 1 of 1

No Viewed Notification.


**Wisconsin DOC NOTIS**  
 Wisconsin Department of Corrections and Department of Health Services

Welcome **LUCASEE**

**Summary**  
 Name: S [REDACTED] K [REDACTED]  
 Username: 4802007047  
 Person Type: Enrollee  
 Account Status: Active

**New Notifications**

Offender Name	DOC#	Created	Description	Delivery Type	Undeliverable
Balsewicz, Douglas	00221009	07/26/2022	Enrollment Information	Email Alert	

Page 1 of 1    20    View 1 - 1 of 1

No Viewed Notification.

**Welcome LUCKSEE**  
**Wisconsin DOC NOTIS**  
**Wisconsin Department of Corrections and Department of Health Services**

**Summary**  
 Name: B [REDACTED] N [REDACTED]  
 Username: 4802007146  
 Person Type: Enrollee  
 Account Status: Active  
[Statutory Victim](#)

Offender Name	DOC#	Created	Description	Delivery Type	Undeliverable
Balsewicz, Douglas	00221009	08/04/2022	Enrollment Information	Email Alert	

Page 1 of 1    20

View 1 - 1 of 1

No Viewed Notification.

Office of Victim Services and Programs  
 1-800-947-5777 | [DOCOSVAdmin@wi.gov](#)  
[Contact Us](#)

For Juvenile Offenders:

DOC Victim/Witness Coordinator  
 1-888-792-1677 | [DWDOSVWAdmin@wi.gov](#)