	2015 Se	ssion			Administration	o Pulo Numbor
FISCAL ESTIMATE					Administrative Rule Number  DOC 302	
DOA-2048 N(R06/99)			UPDATED		200 002	
	CORRECTED	) 🗆	SUPPLEMENTAL			
Subject Rewriting Chapter DOC 302, relating to inmate classification, sentence and release provisions						
Fiscal Effect State: No State Fiscal Effect Check columns below only if bill makes a direct appropriation Increase Costs - May be possible to Absorb						
or affects a sum sufficient appropriation.  Increase Existing Appropriation  Decrease Existing Appropriation  Decrease Existing Revenues  Create New Appropriation				Within Agency's Budget ☐ Yes ☐ No ☐ Indeterminate - May be possible to Absorb ☐ Within Agency's Budget ☐ Yes ☐ No ☐ Decrease Costs		
Local:   ☐ No local government costs  1. ☐ Increase Costs				5. Types of Local Governmental Units Affected:  Towns Villages Cities  Counties Others  School Districts WTCS Districts		
Fund Sources Affected Affected Chapter 20 Appropriations						
☐ GPR ☐ FED ☐ PRO ☐ PRS ☐ SEG ☐ SEG-S 20.410(1)(a)						
Assumptions Used in Arriving at Fiscal Estimate						
The updated version of DOC 302 proposes to repeal, amend, and create many definitions in the chapter. Promulgates a rule provision requiring the department to set prison population limits under Wis. Stat. 301.055. In keeping with current correctional practice, it more accurately describes intake and classification process. Provides a process for a department registrar to contact the sentencing court and the inmate if there is uncertainty in the sentence imposed by the court. Finally, it creates a department process for Extraordinary Health Condition and aged petition release from prison under Wis. Stat. 301.055.  The fiscal impact on the Department is indeterminate. The department promulgating rules regarding prison population limits has no foreseeable fiscal impact. Finally, changing definitions in DOC 302 has no fiscal impact.						
Long-Range Fiscal Implications Non-determinable						
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Prepared by: Jake Jokisch		Telephone 608-240-				Agency DOC
Authorized Signature:		Telephone-	-No.			Date