

State of Wisconsin, Plaintiff

-VS-

Defendant's Name _____

Address _____

Date of Birth _____

Petition for Civil Judgment for

- Restitution**
- Court Ordered Financial Obligations**

Case No. _____

DOC No. _____

1. The defendant was convicted of the following offense(s) on the following date(s):

Date	Committing Offense	Statute

2. The defendant was released to parole/extended supervision/mandatory release on [Mo/Day/Yr] _____.
This period of supervision expires on [Mo/Day/Yr] _____.

3. The defendant failed to pay the following financial obligations of parole/extended supervision/mandatory release:

- Restitution *[Indicate below, name and address of victim, and amount unpaid]* **See attached** listing of victims.

Name	Complete Address	Amount unpaid

Victim Witness Surcharge(s). Amount unpaid is \$_____.

Other court ordered financial obligations. Amount unpaid is \$_____. **Department of Corrections financial screen information is attached.**

- 4. The Department of Corrections requests that the Court enter a civil judgment against the defendant for the
 - unpaid restitution.
 - unpaid victim witness surcharge(s).
 - other unpaid court ordered financial obligations.

Agent

Number of Agent

Date

DISTRIBUTION:

- 1. Court
- 2. Service providers