

State of Wisconsin, Plaintiff  
-VS-

**Petition for Civil Judgment**

Defendant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

DOC No. \_\_\_\_\_

- Probation Revoked**
- Probation Discharged**
- Parole Terminated**
- Extended Supervision Terminated**

Case No. \_\_\_\_\_

Defendant's Address \_\_\_\_\_

I am a representative of the Department of Corrections and state:

1. The defendant was
  - placed on probation and the probation has been revoked, or the defendant was discharged.
  - sentenced to prison and the term of parole or extended supervision has terminated.
2. The defendant has failed to complete the following conditions of probation, parole, or extended supervision:
  - Restitution: *[Indicate below victim's name and amount unpaid]*  **See attached** list for additional victims.

Victim Name or Other Identifier	Amount unpaid

Supervision Fees:  
Amount \$ \_\_\_\_\_

Payee: Department of Corrections, PO Box 8980,  
Madison, WI 53704

I request that the Court grant judgment against the defendant for these unpaid conditions of probation, parole or extended supervision.

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Agent Number

\_\_\_\_\_  
Name Typed or Printed

\_\_\_\_\_  
Date

**DISTRIBUTION:**

1. Court
2. Defendant
3. District Attorney
4. Dept. of Corrections
5. Victim(s)