

IN THE MATTER OF

Amended

\_\_\_\_\_  
Name

**Public Defender Response  
(Chapter 55)**

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

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

1. The individual was provided legal services through the Office of the State Public Defender.
2. The court
  - A. requested that the Office of the State Public Defender conduct a determination of indigency for the individual prior to entry of any order for reimbursement.
  - B. ordered competent individual, individual's guardian or individual's other authorized representative to reimburse the State of Wisconsin in the total amount of \$\_\_\_\_\_. In addition, the court requested that the Office of the State Public Defender conduct a determination of indigency for the individual.
3. The public defender reviewed the individual's financial ability to reimburse costs of representation and reports to the court that the individual is
  - A. **indigent.** The individual has no obligation for reimbursement and the Order for Reimbursement for Costs of Representation should be revised to require no reimbursement.
  - B. **partially indigent.** The Order for Reimbursement for Costs of Representation should be revised to order reimbursement in an amount not to exceed \$120.
  - C. **not indigent.** The Order for Reimbursement for Costs of Representation should remain in effect, or if no reimbursement was ordered, should be revised to order reimbursement in full, in an amount not to exceed \$480.
4. The individual's mailing address is: \_\_\_\_\_
5. Other: \_\_\_\_\_

DISTRIBUTION:

1. Court
2. Ward/Ward's Legal Counsel, if any/Guardian ad litem
3. Guardian/Ward's Agent under a Power of Attorney
4. Corporation Counsel
5. Social worker/ County Dept. of Human Services
6. Spouse/Adult Children/Parent of Minor
7. Facility, if any
8. Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date