

IN THE MATTER OF

Amended

\_\_\_\_\_  
Name (Individual)

**Revised  
Reimbursement Order  
(Chapter 55)**

\_\_\_\_\_  
Date of Birth Case No. \_\_\_\_\_

Based on the response of the state public defender, **IT IS ORDERED:**

1. The individual is:

- a. **indigent.** The Order for Reimbursement for Costs of Representation is revised to require no reimbursement.
- b. **partially indigent.** The Order for Reimbursement for Costs of Representation is revised to order reimbursement in the amount of \$\_\_\_\_\_, not to exceed \$120.
- c. **not indigent.**
  - The reimbursement as set forth in the Order for Reimbursement for Costs of Representation, including the payment schedule, remains in effect; OR
  - No reimbursement was previously ordered. The individual's estate to reimburse the State of Wisconsin for costs of representation in the total amount of \$\_\_\_\_\_, not to exceed \$480.

2. The individual is ordered to pay as follows:

- The total amount of: \$\_\_\_\_\_ is due in full by \_\_\_\_\_; OR
- The total amount of: \$\_\_\_\_\_ is to be paid at a rate of \$\_\_\_\_\_/month starting on \_\_\_\_\_ and on the \_\_\_\_\_ day of each month thereafter until paid in full.

3. Payment made to: \_\_\_\_\_

**THIS IS A FINAL ORDER/JUDGMENT FOR THE PURPOSES OF APPEAL.**

**BY THE COURT:**

\_\_\_\_\_  
Circuit Court Judge/Court Commissioner

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

\_\_\_\_\_  
Date

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