

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF _____

Amended

Name _____

**Revised Reimbursement Order
(Chapter 55)**

Date of Birth _____

Case No. _____

Based on the response of the state public defender,

THE COURT ORDERS:

1. The ward 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 ward's estate to reimburse the State of Wisconsin for costs of representation in the total amount of \$_____, not to exceed \$480.

2. The ward 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: _____

4. Other: _____

THIS IS A FINAL ORDER FOR THE PURPOSE OF APPEAL IF SIGNED BY A CIRCUIT COURT JUDGE.

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: _____