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| **STATE OF WISCONSIN, CIRCUIT COURT,** **COUNTY** | | | | |  |
| IN THE MATTER OF    Name of Subject    Date of Birth | | | Amended  **Public Defender Response**  **(Chapter 51)**  Case No. | |
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| 1. | The subject was provided legal services through the office of the state public defender. | | | | |
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| 2. | The court | | | | |
|  | A. | requested that the office of the state public defender conduct a determination of indigency for the subject prior to entry of any order for reimbursement. | | | |
|  | B. | ordered subject 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 subject. | | | |
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| 3. | The public defender reviewed the subject’s financial ability to reimburse costs of representation and reports to the court that the subject is | | | | |
|  | A. | **indigent.** The subject 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 $30 | | | |
|  | 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 $120. | | | |
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| 4. | The subject’s mailing address is       . | | | | |
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| Distribution:  1. Court  2. Subject  3. Subject’s Attorney | | | | Signature    Title    Address    Email Address Telephone Number    Date State Bar No. (if any) | |