

State of Wisconsin, Plaintiff

-vs-

Amended

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

Inmate Number \_\_\_\_\_

Inmate Address \_\_\_\_\_

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

**Petition for  
Positive Adjustment Time  
§973.198, Wis. Stats.**

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

Count No. \_\_\_\_\_

- I was sentenced for the crime of \_\_\_\_\_ on [Date] \_\_\_\_\_.
  - The total length of my bifurcated sentence on this count is \_\_\_\_ years, \_\_\_\_ months.
  - My initial term of confinement on this count is \_\_\_\_ years, \_\_\_\_ months.
  - My initial term of extended supervision on this count is \_\_\_\_ years, \_\_\_\_ months.
  - I am currently confined on this count.
- My sentence on this count is not for a Class A or a Class B felony.
- My offense date on this count is after December 30, 1999.
- I have earned positive adjustment time on this count because [Check either box A. or B.]
  - A. my sentence was imposed prior to October 1, 2009. I served some or all of the confinement portion of the sentence between October 1, 2009 and August 2, 2011.  
Positive adjustment time can be earned for this period of confinement only.  
-OR-
  - B. my sentence was imposed after September 30, 2009. **The following event(s) occurred between October 1, 2009 and August 2, 2011:** [Only check those that apply and list date(s)]
    - My offense date [Date] \_\_\_\_\_.
    - My conviction date [Date] \_\_\_\_\_.
    - My sentencing date [Date] \_\_\_\_\_.
 Positive adjustment time can be earned for the entire period of confinement served after September 30, 2009.
- I have attached the Verification of Eligibility for Positive Adjustment Time (CR-282) form completed by the Department of Corrections that applies to this count.
- I have filed this Petition not more than 90 days prior to serving the confinement portion on this count less the positive adjustment time that I have earned.
- The following is/are the ground(s) for filing this Petition: [Check all that apply]
  - A. My conduct, efforts at and progress in rehabilitation, or participation and progress in education, treatment, or other correctional programs since being sentenced supports my request.  
[See attached copy(ies) of my prison program certifications(s)]
  - B. Other: \_\_\_\_\_

I request a hearing within sixty (60) days of the date this Petition is filed. If the court grants this Petition, I understand that the unserved confinement portion of my sentence will be added to the extended supervision portion on this count. The total length of sentence on this count will not change.

▶ \_\_\_\_\_  
Petitioner's Signature

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

DISTRIBUTION:

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