

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: \_\_\_\_\_