STATE OF WISCONSIN CLAIMS BOARD
CLAIM FORM
(§ 775.05, Wis. Stats)

Submit signed and notarized form and supporting documents via email to: stateclaimsboard@wisconsin.gov or by mail to: State of Wisconsin Claims Board, PO Box 7864, Madison, WI 53707-7864.

Claims Board claims are considered public records under Wisconsin’s Public Records Law. This form and any accompanying documentation may be open to inspection by the public.

Questions? Please call (608) 264-9595.

Claimant Information

Name: ____________________________________________
Mr/Ms, first name, last name

Address: ____________________________________________
Street address   city   state   zip

Phone: _____________________________   Email: _____________________________
Daytime phone and area code

Conviction Information

Prosecutor: _____________________________   Sentencing Judge: _____________________________

Date Convicted: _____________________________   Original Plea: ___ Guilty ___ Not Guilty ___ No Contest

Release Date: _____________________________   Length of Sentence Served: _____________________________

Compensation Requested

Statutory Compensation Requested: _____________________________
Limited to $5,000 per year served with a maximum payment of $25,000. ($5,000 x years served, $25,000 max.)

Attorney’s Fees Requested: _____________________________
Attach copies of bills or other proof of attorney’s fees paid.

Additional Compensation Requested: _____________________________
Attach justification for additional compensation/explanation of amount claimed.
Additional compensation may only be awarded by approval of the State Legislature.

Total Amount Requested: _____________________________

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Statement
Please describe evidence that you were innocent of the crime for which you were convicted.
Please also explain justification for any additional compensation requested. (Attach additional documents as needed):

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Signature and Notarization

I hereby certify that all statements contained herein and, on any attachments hereto are true and that the losses claimed were actually incurred.

______________________________  ________________
Signature of Claimant           Date

The above-named claimant personally came before me this day and is known to me to be the person who executed the foregoing instrument and acknowledged the same.

______________________________  ________________
Signature of Notary             Date

______________________________  ________________
County,  State                 County,  State

My Commission Expires: ________________  ________________
Date                         Date

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