

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) 266-2887.

Official Use Only

Claim No: _____ Claimant No: _____

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: \$ _____

