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

Submit signed and notarized form and supporting documents via email to: <u>stateclaimsboard@wisconsin.gov</u> 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:							
	Claiman	t Information							
	Ir/Ms, first name, last name								
Address: _									
	Street address	city		state	zip				
	Daytime phone and area code	Email:							
Conviction Information									
Prosecutor: Sentencing Jud			lge:						
Date Conv	victed:	Original Plea: _	_ Guilty _	_Not Guilty _	_ No Contest				
Release D	ate:	ence Serve	:d:						
Compensation Requested									
Statutorv	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 Am	ount Requested:	\$						

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):

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	County, State		Place Seal Here
My Commission Expires:	Date		
	Date	(page 2 of 2)	