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.

	Official Use Only		
Claim No:	n No: Claimant No:		
Cla	aimant Information		
Name: Mr/Ms, first name, last name			
Address:			
Street address	city	state	zip
Phone: Daytime phone and area code	Email:		
Con	viction Information		
Prosecutor:	_	ge:	
Date Convicted:	Original Plea: _	_ Guilty Not Guilty _	No Contest
Release Date:	Length of Sente	ence Served:	
<u>Com</u> j	pensation 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 Additional compensation may only be awarded by approval	=	\$	
Tota	al Amount 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, Place Seal Here County State My Commission Expires: Date

(page 2 of 2)