STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

_____)
_____,)
)
(party designation) _____)
)
-vs-
)
)
_____)
_____,)
)
(party designation) _____)

Notice of Appeal

Case No. _____

Notice is hereby given that (name of party filing appeal) _____ appeals to the Court of Appeals, District _____, from [choose one] ☐ the whole ☐ a part of the final judgment or order, entered on (date) _____ in the circuit court for _____ County, the Honorable (name of Judge) _____, presiding, in favor of (name of party opposing appeal) _____, and against (name of party filing appeal) _____, wherein the court (describe judgment or order) _____.

NOTE: If this is an appeal under §809.30 or §809.32, also include the following (*see* §809.10(1)):

- If a postconviction motion was not filed, state the date of service of the last transcript or service of a copy of the circuit court case record.

  If a postconviction motion was filed, state the date of the order deciding the postconviction motion(s).
- If the Court of Appeals established any other filing deadline, state it.

If counsel is appointed under ch. 977, a copy of the order appointing counsel should be attached to the notice of appeal.

This [choose one] ☐ is ☐ is not an appeal within Wisconsin Statutes §752.31(2).

This [choose one] ☐ is ☐ is not an appeal to be given preference in the circuit court or court of appeals pursuant to statute.

Date: _____

Signature of Filing Attorney or Party	Telephone Number
Name Printed or Typed	State Bar Number (if applicable)
Address	

This completed form must be *filed* with the clerk of the circuit court in which the judgment or order appealed from was entered. In addition, copies of this completed form must be served upon the following:

1. the Clerk of the Court of Appeals;
2. opposing counsel; and
3. any other party.

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

_____)
_____,)
)
Plaintiff(s))
)
-vs-)
)

_____)
_____,)
)
Defendant(s))

Notice of Intent to Pursue Postconviction or Postdisposition Relief

Case No. _____

Notice is hereby given that (name of party filing appeal) _____,
(address) _____,
intends to pursue postconviction or postdisposition relief from the final judgment or order entered on (date) _____ in the circuit court for _____ County, the Honorable (name of Judge) _____, presiding, case no. _____, wherein the court (describe judgment or order) _____
_____.

The name and address of the appellant's trial counsel, if any, is: _____
_____.

The appellant's trial counsel: [choose one] ☐ was OR ☐ was not appointed by the state public defender. If trial counsel was appointed, my financial circumstances: [choose one] ☐ have improved OR ☐ have not improved since the date on which my indigency was determined.

The appellant: [choose one] ☐ does or ☐ does not request representation by the state public defender for purposes of postconviction or postdisposition relief.

If the appellant does not request representation by the state public defender, the appellant: [choose one] ☐ will represent him/herself OR ☐ will be represented by retained counsel. If appellant has retained counsel, the name and address of retained counsel is: _____
_____.

Date: _____

Signature of Filing Attorney or Party	Telephone Number
Name Printed or Typed	State Bar Number (If applicable)
Address	

This completed form must be *filed* with the clerk of the circuit court in which the judgment or order appealed from was entered. In addition, copies of this completed form must be served upon the following:

1. the prosecutor;
2. opposing counsel; and
3. any other party.

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

_____)
_____,)
)
Plaintiff(s))
)
-vs-)
)

_____)
_____,)
)
Defendant(s))

Notice of Intent to Pursue Postdisposition or Appellate Relief*

Case No. _____

Notice is hereby given that (name of party filing appeal) _____,
(address) _____,
intends to pursue postdisposition or appellate relief from the final judgment or order entered on
(date) _____ in the circuit court for _____ County,
The Honorable (name of Judge) _____, presiding, case no. _____,
wherein the court: [choose one] ☐ terminated parental rights OR ☐ denied the petition to terminate parental rights.

The name and address of the appellant's trial counsel, if any, is: _____
_____.

The appellant: [choose one] ☐ does OR ☐ does not request representation by the state public defender for purposes of postdispostion or appellate relief.

If the appellant does not request representation by the state public defender, the appellant [choose one] ☐ will represent him/herself OR ☐ will be represented by retained counsel. If appellant has retained counsel, the name and address of retained counsel is: _____
_____.

Date: _____

Signature of Filing Attorney or Party	Telephone Number
Name Printed or Typed	State Bar Number (If applicable)
Address	

* For use in Termination of Parental Rights cases only.

This completed form must be *filed* with the clerk of the circuit court in which the judgment or order appealed from was entered. In addition, copies of this completed form must be served upon the following:

1. the person representing the interests of the public;
2. opposing counsel;
3. the guardian ad litem for the child who is the subject of the proceeding;
4. the child's parent(s); and
5. any guardian and custodian appointed under §48.427(3) or §48.428(2).

STATE OF WISCONSIN, COURT OF APPEALS, DISTRICT _____

For Official Use

_____)
_____,)
)
(party designation) _____)
)
-vs-
)
)
_____)
_____,)
)
(party designation) _____)

Statement on Transcript

Case No. _____

To: Clerk of the Court of Appeals **(original)**
Circuit Court Clerk **(copy)**
Parties' Attorneys **(copies)**

Check one:

☐ A transcript is not necessary for prosecution of this appeal.

☐ All transcripts necessary for this appeal are already on file and satisfactory arrangements with the court reporter(s) for service of a copy of the transcript(s) on the other parties have been made.

☐ Satisfactory arrangements with the court reporter(s) have been made for the filing and service of the following transcript(s), as certified below by the court reporter: **(Specify transcript(s) requested and dates of proceedings, for example; "pre-trial proceedings, 9/24/08," "trial, 10/14/08," etc.)**

_____
_____
_____

Date: _____

Signature of Filing Attorney or Party	Telephone Number
Name Printed or Typed	State Bar Number (if applicable)
Address	

<u>The COURT REPORTER must complete the following certification only if the transcript(s) is/are not already on file:</u>

COURT REPORTER:

I certify that on (date) _____ the above-designated portion(s) of the transcript(s) in (case name (caption) _____, appeal no. _____, were requested and arrangements made for the payment of the costs of the transcript(s). The transcript(s) will be filed with the circuit court and served on the parties, pursuant to Wisconsin Statutes, §809.11(7), on or before (date) _____.

Signature of Court Reporter	Telephone Number
Name Printed or Typed	Court
Address	

NOTE: §809.11(7) requires a court reporter to return this signed statement to the appellant within 5 days after receipt.

Procedure for Preparing and Filing a Statement on Transcript

Attached is a sample statement on transcript that may be used to comply with the appellate rules. You should follow these steps in completing the statement on transcript.

1. Decide whether a transcript is necessary for the appeal. A transcript is a word-for-word record of testimony or argument made in court. If you did not appear in court (for example, if the judge dismissed your complaint without holding a hearing), a transcript is not necessary for the appeal, and all you need to do is check the first box and sign and date the statement on transcript.

2. If the transcripts you need have already been filed with the clerk of circuit court, check the second box and sign and date the statement on transcript. As the appellant, you must arrange for a copy of the transcripts to be served on the opposing party, if that has not already been done.

3. If testimony or arguments were made in the trial court and you want the court of appeals to review a transcript of this testimony or argument, check the third box and follow the remaining directions.

4. Find the name of the court reporter who transcribed the testimony (check with the clerk of the circuit court for the name). Contact the court reporter and make arrangements to pay for the transcript. The clerk of the circuit court is not required to contact the court reporter for you. The court reporter must fill out and sign the bottom portion of the statement on transcript to certify that you have requested the transcript and made arrangements for payment. <u>THE STATEMENT ON TRANSCRIPT WILL NOT BE ACCEPTED IF YOU CHECKED THE THIRD BOX BUT DID NOT FILL OUT THE BOTTOM PORTION OF THE STATEMENT AND DID NOT OBTAIN THE COURT REPORTER'S SIGNATURE.</u>

5. The court reporter must certify that the transcript will be filed within 60 days of the date it is requested and arrangements made for payment. <u>THE STATEMENT ON TRANSCRIPT WILL NOT BE ACCEPTED IF THE COURT REPORTER STATES THAT THE TRANSCRIPT WILL BE FILED ON A DATE MORE THAN 60 DAYS AFTER THE DATE IT IS REQUESTED. NOTE: TRANSCRIPTS FROM POSTCONVICTION PROCEEDINGS MUST BE FILED WITHIN 20 DAYS OF HAVING BEEN REQUESTED.</u>

6. List the transcripts you have requested (i.e. pre-trial proceedings, trial, motion hearing, etc.) and the dates on which the hearing or trial occurred.

File the original statement on transcript with this office and send a copy to the clerk of circuit court and the opposing party or parties. The appeal may be delayed if you file a statement on transcript that is not properly completed. If you fail to file a proper statement on transcript, the court may prohibit you from requesting the transcript and you will be unable to refer to the transcript in your brief.

STATE OF WISCONSIN, COURT OF APPEALS, DISTRICT _____

For Official Use

_____)
_____,)
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(party designation)_____)
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-vs-
)
)
_____)
_____,)
)
(party designation)_____)

Motion for

_____

_____

_____

Case No. _____

(Name of party making motion) _____, the [choose one] ☐ Appellant ☐ Respondent, moves the court, pursuant to (specify statute or rule under which motion is made) _____, as follows: _____

_____

_____

_____

_____

_____

_____

Date: _____

Signature of Filing Attorney or Party	Telephone Number
Name Printed or Typed	State Bar Number (if applicable)
Address	

This completed form must be *filed* with the clerk of the Court of Appeals, and copies must be served upon opposing counsel and/or parties.

STATE OF WISCONSIN, COURT OF APPEALS, DISTRICT _____

For Official Use

_____)
_____,)
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(party designation) _____)
)
-vs-
)
)
_____)
_____,)
)
(party designation) _____)

Brief Cover

Case No. _____

ON APPEAL FROM THE CIRCUIT COURT FOR _____COUNTY,

THE HONORABLE (name of Judge) _____, PRESIDING

BRIEF OF _____*

Name: _____
State Bar No., if applicable: _____
Address: _____
Telephone No.: _____

BRIEF COVERS, FRONT AND BACK, MUST BE THE FOLLOWING COLORS:
Appellant's Brief: **BLUE**
Respondent's Brief: **RED**
Reply Brief: **GRAY**
Separate Appendix: **WHITE**

* STATE THE PARTY'S STATUS in the circuit court *and* in the appellate court (e.g., Plaintiff-Appellant, Defendant-Appellant, Plaintiff-Respondent, etc.).

CERTIFICATION OF MAILING

I certify that this brief or appendix was deposited in the United States mail for delivery to the Clerk of the Court of Appeals by first-class mail, or other class of mail that is at least as expeditious, on (date of mailing) _____. I further certify that the brief or appendix was correctly addressed and postage was pre-paid.

Date: _____

_____
Signature

OR

CERTIFICATION OF THIRD-PARTY COMMERCIAL DELIVERY

I certify that on (date of delivery to carrier) _____, this brief or appendix was delivered to a third-party commercial carrier for delivery to the Clerk of the Court of Appeals within 3 calendar days. I further certify that the brief or appendix was correctly addressed.

Date: _____

Signature:_____

NOTE: You may also file an affidavit of mailing or delivery, setting forth the same information. See §809.80(4), Wis. Stats.

FORM AND LENGTH CERTIFICATION

I hereby certify that this brief conforms to the rules contained in §809.19(8)(b) and (c) for a brief produced with a [choose one] ☐ monospaced or ☐ proportional serif font.

The length of this brief is _____ pages [if a monospaced font is used] or _____ words [if a proportional serif font is used].

Date: _____

Signature:_____

Notes:

This form and length certification must be included at the end of each brief. See also Wis. Stat. § (Rule) 809.50(4), 809.51(4) and 809.62(4) for additional form and length requirements.

Examples of fonts acceptable under §809.19(8)(b):

A monospaced font must be 10 characters per inch; double-spaced; a 1.5 inch margin on the left side and 1 inch margins on all other sides. This font is Courier New-12.

A proportional serif font must have a minimum printing resolution of 200 dots per inch, 13 point body text, 11 point for quotes and footnotes, leading of a minimum 2 points, maximum of 60 characters per full line of body text. This font is Times New Roman, 13 point.

APPELLANT'S BRIEF APPENDIX CERTIFICATION

I hereby certify that filed with this brief, either as a separate document or as a part of this brief, is an appendix that complies with s. 809.19(2)(a) and that contains, at a minimum: (1) a table of contents; (2) the findings or opinion of the circuit court; and (3) portions of the record essential to an understanding of the issues raised, including oral or written rulings or decisions showing the circuit court's reasoning regarding those issues.

I further certify that if this appeal is taken from a circuit court order or judgment entered in a judicial review of an administrative decision, the appendix contains the findings of fact and conclusions of law, if any, and final decision of the administrative agency.

I further certify that if the record is required by law to be confidential, the portions of the record included in the appendix are reproduced using one or more initials or other appropriate pseudonym or designation instead of full names of persons, specifically including juveniles and parents of juveniles, with a notation that the portions of the record have been so reproduced to preserve confidentiality and with appropriate references to the record.

Date: _____

Signature: _____

Note: **This certification must be appended to the appendix.**

Note: **An appendix certification is also required if a respondent or cross-appellant files a supplemental appendix (809.19(3)(b) and 809.19(6)(f)).**

STATE OF WISCONSIN, COURT OF APPEALS, DISTRICT _____

For Official Use

_____)
_____,)
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(party designation)_____)
)
-vs-
)
)
_____)
_____,)
)
(party designation)_____)

Motion for Relief Pending Appeal

Case No. _____

(Name of party making motion) _____, the [choose one] ☐ Appellant ☐ Respondent, moves the court, pursuant to Wisconsin Statutes §808.07 and §809.12, for the following relief pending appeal:

(indicate the relief sought and the appropriate subsection of §808.07) _____

_____

_____.

In support of this motion, (name of party making motion) _____ states:

1. [If a motion has been filed in the circuit court, state reasons given by the circuit court for its action; if no motion was filed in the circuit court, state why it was impractical to seek relief in the circuit court.]

   _____

   _____

   _____

2. [State your grounds (why the Court of Appeals should grant this motion).]

   _____

   _____

   _____

Date: _____

Signature of Filing Attorney or Party	Telephone Number
Name Printed or Typed	State Bar Number (if applicable)
Address	

This completed form must be *filed* with the clerk of the Court of Appeals, and copies must be served upon opposing counsel and/or parties.

STATE OF WISCONSIN

SUPREME COURT – COURT OF APPEALS, DISTRICT ____

For Official Use

Appellant or Petitioner: *Please print or type.*

_____

-vs-

Respondent:

_____

Petition for Waiver of Fees/Costs - Affidavit of Indigency

Case No. _____

Under oath I state that because of poverty, I am unable to pay the costs of this action, proceeding, or appeal, or to give security for those costs, and request waiver of those costs. I am attaching and incorporating into this affidavit a brief statement of the nature of the appeal or petition and the relief requested.

Complete Section 1 if you receive aid from any of the programs listed.
If you do not receive aid, complete section 2 only.

Section 1.

☐ I currently receive:
- ☐ Supplemental security income
- ☐ Relief funded under Wis. Stats. §59.53(21)
- ☐ Medical assistance
- ☐ Food stamps/Food share
- ☐ Relief funded under public assistance
- ☐ Benefits for veterans under §45.40(1m) or 38 USC 501-562
- ☐ Legal representation from a civil legal services program, a public defender program, or a volunteer attorney program based on indigency. Name of program: _____
- ☐ Other means-tested public assistance: _____

My financial situation ☐ has ☐ has not changed since I became eligible for this program.

If you checked the "has" box, and such changes would make you ineligible for the program(s) if you applied today, you must complete Section 2 below.

Section 2.

1. I ☐ am ☐ am not married.
2. I ☐ am ☐ am not employed. Name of employer: _____
3. I earn [gross pay] $ _____ ☐ weekly. ☐ every 2 weeks. ☐ twice monthly. ☐ monthly.
   My take-home pay [after taxes and deductions] is $ _____ per pay period.
4. I receive monthly income totaling the amount of $ _____ from:
   - ☐ Pension
   - ☐ Social security
   - ☐ Unemployment compensation
   - ☐ Disability
   - ☐ Student loans/grants
   - ☐ Other: _____
5. I have the following cash assets:
   - ☐ Savings accounts: $ _____
   - ☐ Cash: $ _____
   - ☐ Checking accounts: $ _____
   - ☐ Money owed me: $ _____
6. I have the following other assets:
   - ☐ Vehicle-Yr./Make: _____ $ _____
   - ☐ Household furnishings: $ _____
   - ☐ Vehicle-Yr./Make: _____ $ _____
   - ☐ Equity in real estate: $ _____
   - ☐ Other individual assets valued over $200 each: _____ $ _____

Continued on Page 2

File original with the Clerk of the Supreme Court – Court of Appeals.

Section 2 Continued:

7. My household consists of myself and _____ others:

Full name:	Relationship to me:	Under age 18	
Full name: _____	Relationship to me: _____	Under age 18	☐ Yes ☐ No
Full name: _____	Relationship to me: _____	Under age 18	☐ Yes ☐ No
Full name: _____	Relationship to me: _____	Under age 18	☐ Yes ☐ No
Full name: _____	Relationship to me: _____	Under age 18	☐ Yes ☐ No
Full name: _____	Relationship to me: _____	Under age 18	☐ Yes ☐ No

8. The other members of my household have gross monthly income totaling the amount of $ _____ from:
   - ☐ Wages
   - ☐ Pension
   - ☐ Disability
   - ☐ Social security
   - ☐ Student loans/grants
   - ☐ Relief funded under §59.53(21), Wisconsin Statutes
   - ☐ Relief funded under public assistance
   - ☐ Unemployment compensation
   - ☐ Food stamps/Food share
   - ☐ Supplemental security income
   - ☐ Support/maintenance
   - ☐ Other: _____

9. I do not receive income from any source because:

_____

_____

_____

_____

10. I have the following unusual debts or expenses, other than ordinary living expenses, on which I make monthly payments in the amount indicated: *This can include attorneys fees or cash bail, if applicable.*

Type:	Amount:	Monthly Payment:
_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____

11. Anticipated transcript costs for this appeal (as represented to me by the court reporter): $ _____

_____

Note:

- You may attach a brief explanation of circumstances you feel the court should be made aware of in determining indigency.
- If you are a prisoner who is requesting permission to file an appeal or other proceeding in the supreme court or court of appeals without having to pay fees or costs, you are considered to have consented to the court ordering the prison to deduct the unpaid fees and costs from the prisoner's account if you lose the appeal or other proceeding. Wis. Stats. §814.29(3).

State of _____

County of _____

Subscribed and sworn to before me on _____

_____
Notary Public/Court Official

_____
Name Printed or Typed

My commission expires: _____

I understand that if my financial situation changes, I must notify the court immediately.

_____ Affiant

_____ Date

STATE OF WISCONSIN

SUPREME COURT – COURT OF APPEALS, DISTRICT _____

For Official Use

Appellant or Petitioner: *Please print or type.*

_____

-vs-

Respondent:

_____

Prisoner's Petition for Waiver of Fees/Costs - Affidavit of Indigency

Case No. _____

Under oath I state that:

- I am unable to prepay the costs of this action, special proceeding or appeal or to give security for those costs, and request waiver of those costs as permitted by law because of poverty. I am attaching and incorporating into this affidavit a brief statement of the nature of the appeal or petition and the relief requested.
- I have not had three or more appeals, writs of error, actions or special proceedings dismissed by a state or federal court for any of the reasons listed in Wis. Stats. §802.05(3)(b)1-4.

Complete all sections. Failure to properly complete this petition/affidavit may result in the denial of the petition for waiver.

Section 1.

☐ I currently receive:

- ☐ Supplemental security income
- ☐ Relief funded under Wis. Stats. §59.53(21)
- ☐ Medical assistance
- ☐ Food stamps
- ☐ Relief funded under public assistance
- ☐ Benefits for veterans under §45.351(1) or 38 USC 501-562
- ☐ Legal representation from a civil legal services program, a public defender program, or a volunteer attorney program based on indigency. Name of program: _____
- ☐ Other means-tested public assistance: _____

My financial situation ☐ has ☐ has not changed since I became eligible for this program.

Section 2.

1. I ☐ am ☐ am not married.
2. I ☐ am ☐ am not employed. Name of employer: _____
3. I earn $ _____ gross ☐ weekly. ☐ every 2 weeks. ☐ twice monthly. ☐ monthly.
4. I have received or been entitled to receive money from the following sources within the past 12 months (list total amount):
   - ☐ pension, annuities, or life insurance payments: $ _____
   - ☐ disability or worker's compensation payments: $ _____
   - ☐ gifts, loans or inheritances: $ _____
   - ☐ rent payments, interest or dividends: $ _____
   - ☐ business, professional or self-employment: $ _____
   - ☐ other: _____ $ _____
5. I have the following cash assets:
   - ☐ savings accounts: $ _____ $ _____
   - ☐ checking accounts: $ _____ ☐ money owed me: $ _____
   - ☐ cash $ _____ ☐ other cash assets: $ _____
6. I have the following other assets (list value):
   - ☐ real estate: $ _____
   - ☐ stocks, bonds, securities and financial instruments: $ _____
   - ☐ automobiles: $ _____
   - ☐ computers, audio-visual equipment, other personal property: $ _____
   - ☐ jewelry, antiques, objects of art or other valuable property: $ _____
   - ☐ other: _____ $ _____ $ _____ $ _____

File original with the Clerk of the Supreme Court – Court of Appeals.

Continued on Page 2

Section 2 Continued:

7. I have the following legal obligations:

Obligation	Amount Actually Paid per Month	Amount Actually Paid in Last 6 Months
☐ Child Support	$	$
☐ Restitution	$	$
☐ Fines/Costs	$	$
☐ Other:	$	$

8. My spouse ☐ is ☐ is not employed. Name of employer: _____
9. My spouse earns $ _____ gross ☐ weekly. ☐ every 2 weeks. ☐ twice monthly. ☐ monthly.
10. My spouse receives monthly income totaling the amount of $ _____ from:
    ☐ pension ☐ social security ☐ unemployment compensation
    ☐ disability ☐ student loans/grants ☐ other: _____
11. My spouse's household consists of myself and _____ others:
    Full name: _____ Relationship to me: _____ Under age 18 ☐ Yes ☐ No
    Full name: _____ Relationship to me: _____ Under age 18 ☐ Yes ☐ No
    Full name: _____ Relationship to me: _____ Under age 18 ☐ Yes ☐ No
    Full name: _____ Relationship to me: _____ Under age 18 ☐ Yes ☐ No
    Full name: _____ Relationship to me: _____ Under age 18 ☐ Yes ☐ No
12. I have the following miscellaneous expenses:
    _____ $ _____
    _____ $ _____
13. Anticipated transcript costs for this appeal (as represented to me by the court reporter): $ _____

Section 3

1. I ☐ am ☐ am not a person committed under chapter 980 (sexually violent person).
2. I ☐ am ☐ am not a person seeking relief from a judgment or order terminating my parental rights.
3. I ☐ am ☐ am not a person seeking relief from a judgment of conviction or sentence of a court, whether in a direct appeal or by collateral attack.
4. I ☐ am ☐ am not a person seeking appellate review under Rule 809.50 of an order or judgment not appealable as of right in a proceeding under chapter 980 or a case specified under Rules 809.30 or 809.40.
5. I ☐ am ☐ am not a person who is not serving a sentence for the conviction of a crime but who is detained, admitted or committed under chapter 51 or 55 or section 971.14(2) or (5).

Section 4

- I have checked "am not" to ALL of the statements in Section 3. As required by law, I have attached a **certified copy of my prison trust fund account statement** for the last 6 months.
- I have also attached a copy of my authorization to the agency having custody of my prison trust fund account to forward payments from my account to the clerk of court each time the amount in the account exceeds $10 until the costs and fees are paid in full.

Note: You may attach a brief explanation of circumstances you feel the court should be made aware of in determining indigency.

Subscribed and sworn to before me
on _____

I understand that if my financial situation changes, I must notify the court immediately.

_____
Notary Public/State of Wisconsin

My commission expires: _____

_____ Affiant

_____ Date

STATE OF WISCONSIN

SUPREME COURT – COURT OF APPEALS, DISTRICT _____

For Official Use

Appellant or Petitioner: *Please print or type.*

_____

-vs-

Respondent:

_____

Prisoner's Petition for Waiver of Fees/Costs - Affidavit of Indigency; Allegation of Imminent Danger

Case No. _____

Under oath I state that:

- I am unable to prepay the costs of this action, special proceeding or appeal or to give security for those costs, and request waiver of those costs as permitted by law because of poverty. I am attaching and incorporating into this affidavit a brief statement of the nature of the appeal or petition and the relief requested.
- I am in imminent danger of serious physical harm. Attached is a statement, under oath, detailing the facts concerning the immediacy of the danger and the type of physical injury claimed. *(Be specific as to dates, times, places, participants, verbal or other claims made, what the danger is, and why the information should be believed.)*

Complete all sections. Failure to properly complete this petition/affidavit may result in the denial of the petition for waiver.

Section 1.

☐ I currently receive:

- ☐ Supplemental security income
- ☐ Relief funded under Wis. Stats. §59.53(21)
- ☐ Medical assistance
- ☐ Food stamps
- ☐ Relief funded under public assistance
- ☐ Benefits for veterans under §45.351(1) or 38 USC 501-562
- ☐ Legal representation from a civil legal services program, a public defender program, or a volunteer attorney program based on indigency. Name of program: _____
- ☐ Other means-tested public assistance: _____

My financial situation ☐ has ☐ has not changed since I became eligible for this program.

Section 2.

1. I ☐ am ☐ am not married.
2. I ☐ am ☐ am not employed. Name of employer: _____
3. I earn $ _____ gross ☐ weekly. ☐ every 2 weeks. ☐ twice monthly. ☐ monthly.
4. I have received or been entitled to receive money from the following sources within the past 12 months (list total amount):
   - ☐ pension, annuities, or life insurance payments: $ _____
   - ☐ disability or worker's compensation payments: $ _____
   - ☐ gifts, loans or inheritances: $ _____
   - ☐ rent payments, interest or dividends: $ _____
   - ☐ business, professional or self-employment: $ _____
   - ☐ other: _____ $ _____
5. I have the following cash assets:
   - ☐ savings accounts: $ _____ $ _____
   - ☐ checking accounts: $ _____ ☐ money owed me: $ _____
   - ☐ cash $ _____ ☐ other cash assets: $ _____
6. I have the following other assets (list value):
   - ☐ real estate: $ _____
   - ☐ stocks, bonds, securities and financial instruments: $ _____
   - ☐ automobiles: $ _____
   - ☐ computers, audio-visual equipment, other personal property: $ _____
   - ☐ jewelry, antiques, objects of art or other valuable property: $ _____
   - ☐ other: _____ $ _____ $ _____ $ _____

File original with the Clerk of the Supreme Court – Court of Appeals.

Continued on Page 2

Section 2 Continued:

7. I have the following legal obligations:

Obligation	Amount Actually Paid per Month	Amount Actually Paid in Last 6 Months
☐ Child Support	$	$
☐ Restitution	$	$
☐ Fines/Costs	$	$
☐ Other:	$	$

8. My spouse ☐ is ☐ is not employed. Name of employer: _____
9. My spouse earns $ _____ gross ☐ weekly. ☐ every 2 weeks. ☐ twice monthly. ☐ monthly.
10. My spouse receives monthly income totaling the amount of $ _____ from:
    ☐ pension ☐ social security ☐ unemployment compensation
    ☐ disability ☐ student loans/grants ☐ other: _____
11. My spouse's household consists of myself and _____ others:
    Full name: _____ Relationship to me: _____ Under age 18 ☐ Yes ☐ No
    Full name: _____ Relationship to me: _____ Under age 18 ☐ Yes ☐ No
    Full name: _____ Relationship to me: _____ Under age 18 ☐ Yes ☐ No
    Full name: _____ Relationship to me: _____ Under age 18 ☐ Yes ☐ No
    Full name: _____ Relationship to me: _____ Under age 18 ☐ Yes ☐ No
12. I have the following miscellaneous expenses:
    _____ $ _____
    _____ $ _____
13. Anticipated transcript costs for this appeal (as represented to me by the court reporter): $ _____

Section 3

1. I ☐ am ☐ am not a person committed under chapter 980 (sexually violent person).
2. I ☐ am ☐ am not a person seeking relief from a judgment or order terminating my parental rights.
3. I ☐ am ☐ am not a person seeking relief from a judgment of conviction or sentence of a court, whether in a direct appeal or by collateral attack.
4. I ☐ am ☐ am not a person seeking appellate review under Rule 809.50 of an order or judgment not appealable as of right in a proceeding under chapter 980 or a case specified under Rules 809.30 or 809.40.
5. I ☐ am ☐ am not a person who is not serving a sentence for the conviction of a crime but who is detained, admitted or committed under chapter 51 or 55 or section 971.14(2) or (5).

Section 4

- I have attached a copy of my authorization to the agency having custody of my prison trust fund account to forward payments from by account to the clerk of court each time the amount in the account exceeds $10 until the costs and fees are paid in full.

Note: You may attach a brief explanation of circumstances you feel the court should be made aware of in determining indigency.

Subscribed and sworn to before me
on _____

I understand that if my financial situation changes, I must notify the court immediately.

_____
Notary Public/State of Wisconsin

My commission expires: _____

_____ Affiant

_____ Date

STATE OF WISCONSIN

SUPREME COURT – COURT OF APPEALS, DISTRICT _____

For Official Use

Authorization to Withhold Money From Trust Fund Accounts

I, _____,

(Print appellant's or petitioner's name and I.D. number, e.g. DOC. No.)

wish to pursue an action in the:

- ☐ Wisconsin Court of Appeals
- ☐ Wisconsin Supreme Court

described as follows:

Appeal number, if known: _____

Name(s) or respondent(s): _____

Pursuant to Wis. Stats. §814.29(1m)(c)2, I authorize the agency having custody of my prison trust fund account to forward payments from my account to the clerk of court each time the amount in the account exceeds $10 until the costs and fees are paid in full.

_____
Signature of Appellant or Petitioner

_____
Date

A copy of this form must accompany Supreme Court – Court of Appeals form number AP-011 or AP-012, Prisoner's Petition for Waiver of Fees/Affidavit of Indigency. Please file the original of this form with the institution custodian.

Custodian:
Give inmate a copy after he or she signs it.