

Client File Copying and Delivery Expense Reimbursement

Attorney		Total for copying
SBID #		\$
Client		Total for delivery
SPD File No.		\$

I hereby certify that copying and delivery of the client file identified above was necessary because:

The case is concluded and the client has requested his/her file and/or is entitled to a copy of the file under sec. 809.32 Wis. Stats. and I have not previously provided a copy to the client.

OR

Successor counsel requested the file.

For in-office copying:

I certify that the number of pages copied was _____ and I am requesting reimbursement for the copying costs.

Signature

Date

In-office copying is allowed and will be reimbursed at \$.10/page. If an outside copying/printing service is used, a copy of a receipt must be attached. A receipt for the delivery costs must be attached. For reimbursement for delivery of files to clients, a copy of the delivery envelope showing the client's name and address must be attached. Attorneys may fax this form and attachments. If you have previously provided a copy of the file to the client, you must contact the Assigned Counsel Division for approval if you are seeking reimbursement.

Submit the completed Reimbursement Form and receipts to:

Wisconsin State Public Defender
Fiscal Unit
PO Box 7923
Madison, WI 53707-7923
Fax: (608) 267-0584