

State of Wisconsin, Plaintiff

-VS-

Defendant's Name _____

Date of Birth _____

**Referral by
Department of Corrections
to Sentencing Court
§302.113(9g), Wis. Stats.
(Geriatric/Extraordinary
Health Condition)**

Case No. _____

1. Attached is the inmate's Petition to Modify Bifurcated Sentence. The Program Review Committee has approved this Petition for referral to the sentencing court. The Program Review Committee has determined that the public interest would be served by a modification of the inmate's bifurcated sentence in the manner provided in §302.113(9g)(f), Wis. Stats. (See attached decision of Program Review Committee.) The Department of Corrections requests that the court conduct a hearing on this Petition.
2. The inmate is eligible under §302.113(9g)(i), Wis. Stats.
3. A. The inmate is 65 years of age or older and has served at least 5 years of the term of confinement in prison.
OR
 B. The inmate is 60 years of age or older and has served at least 10 years of the term of confinement in prison;
OR
 C. The inmate has an extraordinary health condition, and has attached to the petition affidavits from two (2) physicians setting forth a diagnosis that the inmate has an extraordinary health condition.
4. The inmate has requested appointment of an attorney.

Department of Corrections:

Signature

Name Printed or Typed

Date

DISTRIBUTION:

1. Court
2. Department of Corrections
3. District Attorney
4. Inmate/Attorney