STATE OF WISCONSIN, CIRCUIT COURT,	COUNTY		
IN THE INTEREST OF	Public Defender Response		
Name	Concerning Recoupment		
Date of Birth	Case No		
Date of Britis			
those services in the total amount of \$ jointly by parents. totally by one parent: Parent 1	rent(s) of this person to reimburse the State o The court ordered this sum to be pa [Name] [Name]	f Wisconsin for the cost of aid:	
 2. The following parent has requested an indig Parent 1. Parent 2. this is an intact family; both parents 	ency review: s (above-named) have jointly requested review	·	
Recoupment should be amended. B. requesting review is partially indige should be amended to indicate that t C. requesting review is not indigent. T be modified.	the requesting person(s) to pay the sums ord parent has no obligation for reimbursement are nt. The original Order for Recoupment of Coshe parent(s) is able to pay \$ he original Order for Recoupment of Costs of order for Recoupment of Costs of order for Recoupment of Costs of Legal Services.	nd the original Order for sts and Legal Services Legal Services should not	
	Signatu	лье	
	Name Printed	Name Printed or Typed	
	Addres	38	
DISTRIBUTION: 1. Court 2. Parent(s) requesting Review	Email Address	Telephone Number	
3. State Public Defender	Date	State Bar No. (if any)	