

TRIAL APPOINTMENTS
Client File Delivery Expense Reimbursement

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

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

- The case is concluded and the client has requested his/her file, and I have not previously provided a copy to the client.

- OR -

- Successor counsel requested the file.

Signature

Date

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