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| **STATE OF WISCONSIN, CIRCUIT COURT,       COUNTY** | | | |  |
| )        ,)  )  Plaintiff(s) )  )  -vs- )  ) | Notice of Intent  to Pursue Postconviction or Postdisposition Relief | | |
| )        ,)  )  Defendant(s) ) | 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)       . | | | | |
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| 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. | | | | |
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| 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 | State Bar Number (if applicable) | |
| Name Printed or Typed | | Email Address (if any) | | |
| Address | | | | |
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| 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; | |  | | |
| 1. opposing counsel; and | |  | | |
| 1. any other party. | |  | | |