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| **STATE OF WISCONSIN, CIRCUIT COURT,       COUNTY** |  |
|       )      ,))Plaintiff(s) ))-vs- )) | Notice of Intentto 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, theHonorable (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. Iftrial counsel was appointed, my financial circumstances: [Choose one] [ ]  have improved OR [ ]  have notimproved 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. |
|  |
|  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.
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