

**TRIAL APPOINTMENTS**  
**Client File Delivery Expense Reimbursement**

<b>Attorney</b>		<b>Total for delivery</b>
<b>SBID #</b>		\$
<b>Client</b>		
<b>SPD File No.</b>		

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