

STATE OF WISCONSIN

SUPREME COURT – COURT OF APPEALS, DISTRICT _____

For Official Use

**Authorization to Withhold Money
From Trust Fund Accounts**

I, _____,
(Print appellant's or petitioner's name and I.D. number, e.g. DOC. No.)

wish to pursue an action in the:

- ☐ Wisconsin Court of Appeals
☐ Wisconsin Supreme Court

described as follows:

Appeal number, if known: _____

Name(s) or respondent(s): _____

Pursuant to Wis. Stats. §814.29(1m)(c)2, I authorize the agency having custody of my prison trust fund account to forward payments from my account to the clerk of court each time the amount in the account exceeds \$10 until the costs and fees are paid in full.

Signature of Appellant or Petitioner

Date

A copy of this form must accompany Supreme Court – Court of Appeals form number AP-011 or AP-012, Prisoner's Petition for Waiver of Fees/Affidavit of Indigency. Please file the original of this form with the institution custodian.

Custodian:

Give inmate a copy after he or she signs it.