State of Wisconsin

Court of Appeals

District @

Case No. @

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State of Wisconsin,

 Plaintiff-Respondent,

 v.

@,

 Defendant-Appellant.

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No-Merit Report of defendant-Appellant Pursuant to Rule 809.32, Stats.

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Assistant State Public Defender

State Bar No. @

Office of the State Public Defender

Post Office Box 7862

Madison, WI 53707-7862

(608) 266-

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Attorney for Defendant-Appellant

Issues Presented

1. This is my issue.

2. This is my second issue.

Statement of the Case

Statement of Facts

Argument

I. This is a great argument.

Conclusion

Dated this @ day of @, @.

Respectfully submitted,

*Electronically signed by
Name of Attorney*

Name of Attorney

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Attorney for Defendant-Appellant

Certification in Compliance
with 809.32(1)(c)

 I hereby certify that I have discussed with my client all potential issues identified by me and by my client and the merit of an appeal on these issues, and I have informed my client that the client must choose one of the following 3 options: 1) to have me file a no-merit report; 2) to have me close the file without an appeal; or 3) to have me close the file and to proceed without an attorney or with another attorney retained at my client's expense. I have informed my client that a no-merit report will be filed if the client either requests a no-merit report or does not consent to have me close the file without further representation. I have informed my client that the transcripts and circuit court case record will be forwarded at the client's request. I have also informed my client that the client may file a response to the no-merit report and that I may file a supplemental no-merit report and affidavit or affidavits containing matters outside the record, possibly including confidential information, to rebut allegations made in my client's response to the no-merit report.

I further certify that this no-merit report conforms to the length limit set out in s. 809.32 (1)(a). The length of this report is XXX words.

Dated this @ day of @, @.

Signed:

*Electronically signed by
Name of Attorney*

NAME OF ATTORNEY

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