

COUNTY CLERK - 56th Street M. 10:46 an Kanosla WI 53140 REGI BACHOCHIN COUNTY CLERK (262) 653-2552 (262) 653-2564

CLAIM AGAINST KENOSHA COUNTY					
ADDRESS 4206 Washington Rol Apt 101  Kenosha, WI 5844 (mailing)					
TELEPHONE NUMBER: Home: Coll 262-351-5615					
Work:					
DATE & TIME OF ACCIDENT OR LOSS April 10 1-4 2022					
LOCATION OF ACCIDENT Kencha County Jail					
DESCRIPTION OF ACCIDENT OR LOSS I Was vicked up on					
a capias, was arrested and booked with both staring aids in my ear. I was aping through seron withdrawals so I was put in conference where I told a wilkos about my heaving aids. I gove one to him and told him my other one was under my mat in M dorm. The night before I went to court a tempte about my heaving aids and where they were.  WITNESS: Name  Address  Address					
Phone					
AMOUNT OF CLAIM (damages) \$ 6,100 or for both heaving aids, othach claimant's signature wants frame					
Please attach receipts, estimates, and/or other supporting data to this form. From audiologist,					
RETURN THIS FORM TO: KENOSHA COUNTY CLERK  1010 – 56 <sup>TH</sup> STREET  KENOSHA WI 53140 IN WOODE WINDOW					
name on it in OIP down					
window of the office who					
00's sit.					



Purchaser's signature.

Office Address	7214 treen Bay Rd	# 106		
	Venosha WI 53142			
Phone	2/2			

## **Purchase Agreement - Wisconsin**

Purchase Date 4. 25-22			Pu	Purchase Price		
urchase	er Name Samarth	a Craimer	Item		Total	
ate of I	Birth	# 262-351-5615 cm Rd	Hearing Aid For RIGHT Ear (	pn 52, li	-on 305	
ddress	1611 Shevid	an Rd	Hearing Aid For LEFT Ear $ {\cal O} $		·01 305	
, an C33	Verocha u	H	Items	Cost Each	Qty.	
:y/Stat	te/Zip_ <i>53140</i>					
	ersigned Hearing Care Profe hereby sells, the undersigne					
	urchaser") hereby purchases					
eipt c	or forthcoming receipt of the	hearing system and goods				
scribe aditio	d below at the price written ns outlined in this documen	, subject to the terms and		Dis	count	
iditio			Sub-Total			
	Hearing Instrum	ents Sold			les Tax	
Item [	Right Ear Hearing Aid	□ Left Ear Hearing Aid □ New □ Used □ Reconditioned		Total Purchase	Price \$ 6/	
	☐ New ☐ Used ☐ Reconditioned	□ New □ Used □ Reconditioned		Credits		
Make			Estimated Insurance Benefit			
lodel			Deposit			
rial#			Financing			
arran	ty Coverage: 1 yr 2	yr □Other □N/A		Total (	Credit	
	se includes warranty directl			Balance Rema		
	period of year(s) shown abo		Please note: balance remaining will be adju benefit differs from estimate listed above.	usted if actual amount of in	isulance	
	ure for complete details.) Wa and batteries, plastic tubes o		Denent Uniters Hom Estimate Visited GOOVE.			
imited	to original Purchaser and is	s non-transferable. If you	Non-refundable			
require warranty coverage, contact the office that sold you			portion of			
he de	vice for assistance.		this purchase: \$			
place	ement: 🗆 1 yr 🗆 2	yr 🗆 Other 🗆 N/A	Includes:			
Deduc	tible per aid \$		The purchaser has been advis	sed by the hearing	instrument	
	ase includes manufacturer gr		specialist that any examination			
n the i	e hearing aid(s) for the peric event of loss or accidental d	or year(s) snown above	hearing instrument specialist			
ble. D	eductible does not include t	the cost of impression	selling of this hearing aid is no	ot an examination	, diagnosis, or	
(\$	) or handling (\$)	). Replacement provided	prescription by a person licen	•		
one-tir	me only per hearing instrum	ent. Please note: does <i>NOT</i>	and therefore must not be re	garded as medical	l opinion or advi	
over r	normal wear and tear repairs	5.	<u></u>			
ial Per	riod and Return Policy		Purchaser Signature			
pon delivery of the hearing aid(s) the		6 // / Date				
	er is given the following trial		Printed Name of Dispenser		ntanen	
urina t	his trial period, the Purchase	er is entitled to free	License Number	UAudiolpgist Dispens		
	ent of his or her hearing aid			Charles Christian	1/07	
turn th	ne hearing aid(s) for any reas	on if so desired for a refund.	Dispenser Signature	- S-	- U-Z	
	n a refund, Purchaser must g		Supervisor Name (if applica	ıble)	5366	
me co	tion and present the hearing ndition as received, ordinary	g aid(s) to the Seller in the	License Number			
ore th	ne trial period expires. If a he	r wear and tear excluded, Paring aid is returned for any		☐ Audiologist ☐ Dispen	ser	
acon o	ther than defect in the hear	ing aid the Coller recover	11 10.00	·	1	
e right	to retain a cancellation fee	to cover the manufacturer's	the has a very	severe	newing 1	
turn fe	e and related material costs	incurred by the Seller. The	and need to be	ale three	1 1 1	