

## JUVENILE RECORDS REQUEST – THIRD PARTY

IN THE MATTER OF:

RECORDS TO BE DISCLOSED TO:

Juvenile Name

Recipient Name

Juvenile Date of Birth

Agency or Organization Name, if applicable

Case Number(s) (if all, write "ALL")

Street Address

City, State ZIP

Telephone Number

I am requesting (check ALL applicable boxes):

- a Defendant Case Summary
- a copy of the citation filed in the case
- other – indicate nature of information being requested \_\_\_\_\_

*Note: A judicial court hearing is required to review and approve the request.*

per the following exception to the confidentiality of juvenile records (check ONE box):

- I am a member of the above-named federal department or agency and am requesting the records for the purpose of monitoring and conducting periodic evaluations of the defendant's activities (Wis. Stat. §938.396(2g)(b))
- I am a member of the above-named law enforcement agency and am requesting the records for the purpose of investigating alleged criminal activity that may result in the court exercising jurisdiction under Wis. Stat. §938.12 or §938.13(12) (Wis. Stat. §938.396(2g)(c))
- I am a member of the above-named criminal or civil court or the district attorney's office or am an attorney with a case pending for a proceeding in that court (Wis. Stat. §938.396(2g)(d))
- I am a member of the above-named department of corrections and am requesting the records for the purpose of preparing a presentence investigation (Wis. Stat. §938.396(2g)(dr))
- I am a victim-witness coordinator and am requesting the name and address of the juvenile and the juvenile's parents and any records related to victim-witness rights for the purpose of enforcing those rights (Wis. Stat. §938.396(2g)(f))
- I am an employee of the above-named insurance agency, which acts as the victim's insurer, and am requesting the restitution amount ordered in the case (Wis. Stat. §938.396(2g)(fm))
- I am a member of the above-named court with authority under Wis. Stat. 938 or a district attorney, corporation counsel, city, village or town attorney, or an attorney or guardian ad litem with a matter pending in that court and am requesting the records for the purpose of a proceeding in that court (Wis. Stat. §938.396(2g)(gm))

### TO BE SIGNED BY THE REQUESTER

I swear / affirm that I fully understand the content of this form and have completed it truthfully. I also understand that the penalty for the false swearing is a \$10,000 fine and up to nine (9) months imprisonment.

Signature

Printed Name

Date

### TO BE COMPLETED BY COURT EMPLOYEE

- Identity of requester confirmed by photo identification
- Request not made in person

Witnessed by:

Signature

Printed Name

Date

This material is available in alternative formats for individuals with disabilities upon request. Please contact the ADA Coordinator at [ADACoordinator@milwaukee.gov](mailto:ADACoordinator@milwaukee.gov), (414) 286-5948, TTY: 711. Provide a 72-hour advance notice, 7 days for Braille, to ensure accommodation of request.

