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## JUVENILE RECORDS REQUEST

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IN THE MATTER OF:

RECORDS TO BE DISCLOSED TO:

\_\_\_\_\_  
Juvenile Name

\_\_\_\_\_  
Recipient Name

\_\_\_\_\_  
Juvenile Date of Birth

\_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
City, State ZIP

\_\_\_\_\_  
Telephone Number

I hereby certify that I am (check ONE box):

- the defendant
- the defendant's biological or adoptive parent or legal guardian

and that 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 for these requests.*

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

- I am the juvenile or juvenile's biological or adoptive parent or legal guardian and am requesting the records be disclosed to me (Wis. Stat. §938.396(2g)(ag))
- I am the juvenile or the juvenile's biological or adoptive parent or legal guardian and am requesting the records be disclosed to the person named above (Wis. Stat. §938.396(2g)(am))

### 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 was 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.

