



# Ashwaubenon Department of Public Safety

2155 Holmgren Way, Ashwaubenon, WI 54304-4605 Phone: 920-492-2313 Fax: 920-492-2986

## REQUEST FOR RECORDS

**REQUESTED INFORMATION** - The following information is required to process the requested reports or records:

- Case Number (if known): \_\_\_\_\_
- Records Concerning: \_\_\_\_\_ / \_\_\_\_\_  
Last Name First M.I. Maiden/Prior Names
- Date of Birth (for party you are requesting information on): \_\_\_\_/\_\_\_\_/\_\_\_\_
- Date/Time of Incident: \_\_\_\_\_
- Incident Location: \_\_\_\_\_
- Type of Report (Check One):  Incident  Crash Report  Photos/Video  Records Check  
 Other (explain) \_\_\_\_\_

Other Information: \_\_\_\_\_

### REQUESTOR INFORMATION:

- Person/Business Making Request: \_\_\_\_\_  
Last Name First Name M.I. / Organization
- \_\_\_\_\_
- Street Address City State Zip
- Phone: \_\_\_\_\_ (Day) \_\_\_\_\_ (Cell)
- CHECK ONE:  Attorney  Complainant  Defendant  Insurance Co.  
 Landlord  Other \_\_\_\_\_

Providing this information is voluntary; the requestor is not required to give name or reason for request. If the above information is not provided it is the responsibility of the requestor to check back with the Records Department on the availability of the requested records.

- Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Fees: General Copies - \$.25/page      Color Copies - \$.50/half page \$1.00/full sheet      Photos - actual cost to reproduce  
Compact Disc - \$3.00 each      Address Checks - \$1.00 plus \$.25/page      Name Checks - \$2.00 plus \$.25/page  
Faxed Copies - \$1.00 plus \$.25 per page local/\$3.00 plus \$.25 per page long distance      Mailed Copies - \$.25/page plus postage

**Payment of fees may be required before records will be released if the total amount exceeds \$5.00**

*You will be notified in writing if the request is denied and the reason for denial.*

**INDIVIDUALS REQUESTING REPORTS CONTAINING JUVENILE INFORMATION MUST  
COMPLETE THE REVERSE SIDE OF THIS FORM.**

# JUVENILE RECORD REQUEST

Juvenile Reports may be released to the following persons subject to departmental policy. Documentation will be required prior to the release of information requested. To allow us to appropriately review your request, please check all of the following that apply:

I am:

- Biological Parent
- Parent by Adoption
- Guardian named by Court
- Legal Custodian given legal custody of the child by Court order
- Juvenile (14 years of age or older) – requesting ones own report
- Victim of the juvenile's act (for the sole purpose of recovering injury, damage or loss suffered as a result of the juvenile's act)
- Victim's Insurer (when Court ordered restitution has not been made within 1 year – for the sole purpose of investigating the claim)
- Insurance Company and/or representing Attorney – with a signed/written release from the juvenile's parent, guardian, or legal custodian
- School Administrator
- Other \_\_\_\_\_

If you are a parent:

- My parental rights have been terminated.
- My parental rights have NOT been terminated.

Form of identification \_\_\_\_\_ Initials of person releasing records: \_\_\_\_\_

Signature of Person requesting the Report: \_\_\_\_\_

*Persons denied access to Juvenile records may contact the District Attorney's office to petition the Court for access to the report/record.*

*Open Records Request denials are subject to review in an act of Mandamus under Section 19.37(1) Wis. Stats., or by application to the District Attorney or Attorney General.*

<b>FOR OFFICE USE ONLY</b>			
<input type="checkbox"/> Approved _____	<input type="checkbox"/> Denied – Reason _____		
Contacted: _____	Picked Up: _____	Mailed: _____	Fee: _____
Notes: _____			
_____			