MUNICIPAL COURT

CITY OF SHEBOYGAN VILLAGE OF KOHLER

1315 North 23rd Street, Suite 102
Sheboygan, WI 53081

Phone: (920) 459-0212
Facsimile: (920) 459-0217

Natasha L. Torry
Judge

Caroline Fortin
Clerk

OPEN RECORDS REQUEST
(Form to be completed by person requesting release of information.)

NAME OF REQUESTOR: _____

ADDRESS: _____

_____

TELEPHONE: (_____) _____
(Number you can be reached between 8:00 A.M. and 4:30 P.M.

I am requesting the following information from the Sheboygan/Kohler Municipal Court:

Name of Defendant: _____ Date of Birth: _____

Citation No.(s): _____

Purpose of Request: _____

Signature of Requestor: _____ Date: _____

PLEASE NOTE: A request for access to public record may not be refused "because the person making the request is unwilling to be identified or to state the purpose of the request." per Wis. Stats. 19.35(1). You are being asked to provide the information called for on a voluntary basis. Thank you.

This request will be reviewed by the Municipal Court Judge and information requested may not be immediately available for pickup. You will be contacted once the documents are available. Prepayment may be required if the costs exceed $5.00. The cost of 8 ½" x 11" copies is $0.50 per page; the cost of a certified copy is $2.00 per page. If you have any questions, please contact the Sheboygan/Kohler Municipal Court at (920) 459-0212, during regular business hours of Monday, Tuesday, Thursday, Friday 9AM – 4:30PM, and Wednesday 1PM – 4:30PM.

IF THE RECORD(S) YOU REQUEST CONTAIN ANY JUVENILE INFORMATION, YOU NEED TO COMPLETE THE BACK OF THIS FORM.

JUVENILE RECORD INFORMATIONAL SHEET

Instructions: The authorized department official shall determine the identity of the requestor in information, selecting from the criteria below, and explain the respective area which informs requestor the statutory limitations for which the information may be used. The requestor must sign the acknowledgment.

( ) VICTIM-WITNESS COORDINATOR

Under this request, you may use the information only for the purpose of enforcing the rights under the Constitution, under Chapter 938 and 950, and for the provision of services under Chapter 950.

( ) MEDIA REPRESENTITIVE

Under this request, you may use the information, only for the purpose of reporting news without revealing the identity of the juvenile(s) involved.

( ) INSURANCE COMPANY REPRESENTATIVE

Under this request, you may obtain information relating to the injury, loss or damage suffered by the victim, including the name and address of the juvenile and the juvenile's parents. You may use and further disclose the information only for the purpose of investigating a claim arising out of the juvenile's act.

( ) SCHOOL DISTRICT ADMINISTRATOR

Under this request, the information obtained shall be used by the school district as provided under §118.27(2) or §118.127(3).

( ) VICTIM OF A JUVENILE'S ACT

Under this request, you may use and further disclose the information only for the purpose of recovering for the injury, damage or loss suffered as a result of the juvenile's act.

( ) WITH WRITTEN PERMISSION

Under this request, you are entitled to have disclosed to you any reports specifically identified by the parent, guardian, legal custodian, or juvenile fourteen (14) years of age or over which is contained within written permission.

Acknowledgment: I have been informed of the statutory limitations in which I may use or further disclose the information requested:

***** After this document has been disclosed to you, further disclosure on your part is subject to penalty of law. *****

_____	_____
Signature of Requestor	**Signature of Court Official**
_____	_____
Date	**Date**