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| --- | --- | --- | --- | --- | --- |
| Enter the name of the county in which the case with the address information is filed. | **STATE OF WISCONSIN, CIRCUIT COURT,**  **COUNTY** | | | |  |
| Enter the name of the petitioner or plaintiff in that original case file. | **Petitioner/Plaintiff**:         First name Middle name Last name  -vs-    **Respondent/Defendant**:         First name Middle name Last name | | | |
| Enter the name of the respondent or defendant in that original case file. | Petition and Affidavit Concerning Removal of Address Information from Court Record  Case No. |
| Enter the case number. |
|  |  | | | |  |
| **Check if this IS or IS NOT a criminal case.**  **Please Note:** There must be an actual, demonstrated threat of physical or bodily harm to **you, a family member, or a member of your household**. Merely being a member of a group or employment category that has experienced threats in the past **is not sufficient.** | **Under oath I state:** | | | |  |
| This is **NOT** a criminal case and I am one of the parties in this case. | | | | |
| This **IS** a criminal case and I am not the defendant in this case. | | | | |
|  | | | | |
| I am requesting that my street and city address information be removed from the court record. I have not made a similar request to another judge concerning this case file that has been denied. | | | | |
|  | | | | |
| The reason for my request is that there is a demonstrated potential of physical or bodily harm or threat of such harm to me, a family member or a member of my household if that address information is available in the court record. At this time I believe the person who may want this information does not know my current address. | | | | |
| Check 1 or 2. | The basis for my belief that there is a demonstrated threat of physical or bodily harm or threat is: | | | | |
| **If 1**, answer question a, b, and c. When answering question d, provide *detailed* information concerning why you believe there is a current threat of physical or bodily harm. | 1. | Another person has been charged with or convicted of an offense relating to battery, domestic abuse, sexual assault, or stalking in which myself, a family member, or a member of household is a victim. I have a reasonable basis for believing that this person continues to be a threat. | | | |
|  | a. | Name of person who has been charged: | | |
|  | b. | County in which other case is filed: | | |
|  | c. | Case number of other case: | | |
|  | d. | The reason why I believe this person is a continuing threat is:  **See attached** | | |
|  |  |  |  | | |
| **If 2,** provide *detailed* information concerning who the person is, what the person has done, when this occurred, and why this is a threat to you, a family member, or another person in your household.  If you need more room, attach an additional sheet. | 2. | Another person has made actual threats against the physical safety of myself, a family member, or a member of my household but that person has not been charged or convicted of such an offense at this time. The facts supporting this belief are: | | | |
|  | **See attached** | | | |
|  | **Therefore,** I ask that the court enter an order directing the Clerk of Court to remove my street address and city designation from the address portion of the court record. | | | |
| **STOP!**  **Take this document to a Notary Public BEFORE you sign it.** | | | | | |
| After you have been sworn by a Notary Public, sign and print your name and date the document in front of the Notary Public. | State of  County of  Subscribed and sworn to before me on    Notary Public/Court Official    Name Printed or Typed  My commission/term expires: | | | ►  Signature    Name Printed or Typed    Address    Email Address Telephone Number    Date State Bar No. (if any) | |
| **After you have signed the document,** have the Notary Public sign, date, and seal the document. |