

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

State of Wisconsin, Plaintiff

-VS-

Amended

Defendant's Name _____

**Confidential Crime Victim(s)
Information**

Address _____

Case No. _____

DOC No. _____

Date of Birth _____

Victim Name	Complete Address	Email Address	Phone Number

This address information is being provided as part of a

- new case filing; OR
- change of address.

Person Completing the Form

Agency

Name Printed or Typed

Address

Email Address _____ Telephone Number _____

Date _____ State Bar No. (if any) _____

The clerk shall maintain this form in a confidential manner. It will not be made available to any other parties in this action, their attorney or representatives, or the public.

CONFIDENTIAL COURT RECORD