

Enter the name of the county in which you are filing this case.	STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY
Check marriage or paternity, if paternity, enter initials of child.	IN RE: THE <input type="checkbox"/> MARRIAGE OF <input type="checkbox"/> PATERNITY OF _____
Enter the name of the petitioner.	Petitioner _____ First name Middle name Last name
Enter the name of the respondent.	and Respondent _____ First name Middle name Last name
Note: Leave case number blank; the clerk will add this.	

Affidavit to Seal Identifying Information in a Child Custody Proceeding
Case No. _____

This form applies only in child custody proceedings. It allows the sealing of identifying information that you feel would endanger your health safety or liberty. Any and all information you choose not to include on the divorce/legal separation papers must be included on form GF-178 in the sealed envelope.

I DECLARE THAT:

I am involved in a Child Custody Proceeding in which the legal custody, physical placement, or periods of physical placement (visitation) of a child is an issue.

My health, safety or liberty, or that of a minor child, **WOULD** be jeopardized by disclosure of identifying information on court forms that I am filing.

State factual basis: _____
 See attached

I am attaching on court form GF-178 in a sealed envelope, the specific pieces of information that I believe should be sealed. I understand that the information may not be disclosed to the other party or the public unless the court orders the disclosure to be made after a hearing. At that hearing the court will take into consideration the health, safety or liberty of the party or a minor child and determine whether disclosure of the information is in the interest of justice.

Sign this document WITHOUT a Notary Public.

Provide a declaration under criminal penalty of false swearing in lieu of a sworn statement.

You **do not** have to take the document to a Notary Public if you provide an unsworn declaration.

I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.

Signature

Name Printed or Typed

Address

Email Address

Telephone Number

Date

State Bar No. (if any)