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|---|---|---|
| Enter the name of the county in which the case with the address information is filed. | <b>STATE OF WISCONSIN, CIRCUIT COURT,</b><br>_____ <b>COUNTY</b>  | <b>Petition and Affidavit<br/>Concerning Removal of<br/>Address Information<br/>from Online Records</b> |
| Enter the name of the petitioner or plaintiff in that original case file.             | <b>Petitioner/Plaintiff:</b><br>_____<br>First name                      Middle name                      Last name<br>-VS- |   |
| Enter the name of the respondent or defendant in that original case file.             | <b>Respondent/Defendant:</b><br>_____<br>First name                      Middle name                      Last name         |   |
| Enter the case number.  | Case No. _____  |   |

**UNDER OATH I STATE:**

**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.**

- 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 online record of this case on the Wisconsin Circuit Court Access website. 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 on the internet website maintained by the Wisconsin Court System. At this time I believe the person who may want this information does not know my current address.

Check 1 or 2.

**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.

The basis for my belief that there is a demonstrated threat of physical or bodily harm or threat is:

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 online record of this case on the Wisconsin Circuit Court Access website.

**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.

**After you have signed the document,** have the Notary Public sign, date, and seal the document.

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)