

Enter the name of the county in which this case is filed.

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

Enter the Petitioner/ Plaintiff's full name.

Petitioner/Plaintiff:

Enter the Respondent/ Defendant's full name.

First name Middle name Last name

Enter the case number.

Use this form to request redaction from the transcript(s) to the court. Protected information only includes social security, employer or tax ID, driver license, financial accounts, and passport numbers.

Respondent/Defendant:

First name Middle name Last name

Motion to Redact Protected Information in Transcript(s)

Case No. _____

In #1, describe the protected information that you want to have redacted from the transcript(s). For example, "Visa card number of Daniel Defendant."

- I request that the following protected information be redacted from the transcript(s) as listed below:
 - social security number employer or tax ID number drivers license number
 - financial account numbers passport number

Note every place in the transcript(s) where protected information appears. The court reporter is not responsible for finding protected information in other places.

Location in the transcript(s)		
Date of Proceeding	Type of Information	Page and Line Number

Do NOT put the actual number on this form.

In #2, use form GF-241 to provide the protected information to the court if it is needed for this case. The court will keep the GF-241 confidential.

- 2. I am filing GF-241 to provide this protected information to the court.

In #3, if you are not a party or the attorney for a party, describe your relationship to this case.

- 3. I am not an attorney or a party to this case. I am interested because: _____

In #4, describe why you believe good cause exists for redacting the transcript(s) more than 30 days after it was filed.

- I am making this request
 - 30 days or less from the time the transcript(s) was filed with the court.
 - more than 30 days from the time the transcript(s) was filed with the court. Good cause exists for the court to grant this request because: _____

Sign and print your name and date the document.

Signature

Print or Type Name

Date

- DISTRIBUTION:
- Court
 - Parties
 - Petitioner, if not a party
 - Court Reporter