

FORM SUMMARY

Name of Form: Notice of Medical Information and Birth/Adoptive Parent Identifying Information Disclosure

Form Number: JC-1631

Statutory Reference: §§48.427(6)(a), 48.432, 48.433 and 48.434, Wisconsin Statutes

Benchbook Reference:

Purpose of Form: To inform birth parents that certain medical information be disclosed.

Who Completes It: Court.

Distribution of Form: Court, copy to birth parent(s), if in court.

Accompanying Forms: Generally none.

New Form/Modification: Modified; last update 02/16.

Modifications: Pursuant to 2019 WI Act 30, updated to add party/attorney address, email address and telephone number.

Comments:

About this Form: This form is the product of the Wisconsin Records Management Committee, a committee of the Director of State Court's Office and a mandate of the Wisconsin Judicial Conference.

If you have additional information that does not change the meaning of the form, attach it on a separate page. The form itself shall not be altered.