

## FORM SUMMARY

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

**Form Number:** JC-1631

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**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 and Parents.

**Accompanying Forms:** Generally none.

**New Form/Modification:** Modified; last update 11/19.

**Modifications:** Added distribution list.

**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.**