



HO-CHUNK NATION JUDICIARY

Judicial Records Management

RECORDS REQUEST FORM

Date: _____

Requester: _____

Case Number/Case Name: _____

Relationship to Case: _____

****Please be aware to request confidential documents, you must be a party to the case. ****

See HO-CHUNK NATION CHILDREN AND FAMILY ACT, 4 HCC § 3.4; ELDER PROTECTION ACT OF 2001, 4 HCC § 1.7.c; WIS. STAT. § 51.30(4)(a); DHS 92.03

Department Name (if applicable): _____

Description of document(s): _____

Regular copies are .10 cents per page, certified copies are .25 cents per page and court transcripts (CD record) are \$12.50 per CD. * Please note the scope of your request and/or the file size may limit our response time. **Fees are subject to change.

***Payment must be received prior to fulfilling your request.**

- | | | |
|---|-------------------|---|
| <input type="checkbox"/> A COPY | # of copies _____ | <input type="checkbox"/> Need ASAP |
| <input type="checkbox"/> A CERTIFIED COPY | # of copies _____ | <input type="checkbox"/> Need within 1 day |
| <input type="checkbox"/> A CD | # of copies _____ | <input type="checkbox"/> Need within 2 or more days |
| <input type="checkbox"/> Will pick up | | |
| <input type="checkbox"/> Please mail to me (Cost of mailing will be at requester's expense) | | |

Contact Information of Requester

Address: _____

Phone Number: _____

Signature of Requester

FOR OFFICIAL USE ONLY

_____ Time request was taken

Date request was taken _____

_____ Time request was fulfilled

Date request was fulfilled _____

Staff Fulfilling the Request

Title of Staff

Approval by Presiding Judge

Signature of Clerk/Deputy Clerk

Approval Not Sought
