



# 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"/> Email            |   |   |
|   | <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

\_\_\_\_\_