

Date of Request: _____



SHEBOYGAN POLICE DEPARTMENT JUVENILE RECORD REQUEST

The Sheboygan Police Department will not release information that is protected by law unless the release is authorized by the record subject or is otherwise available to a requestor in accordance with Wisconsin’s Public Records Laws.

Please submit this completed form to the Department in person or via e-mail to: spd.records@sheboyganwi.gov to initiate a records request. Incomplete forms may result in a processing delay or denial.

Requestor Information

Name: _____ Telephone: _____

Address: _____

How would you like to receive the record?

Records containing juvenile identifying information must be picked up in person, with a valid photo ID.

Records Being Requested. Please be specific to ensure timely and correct processing. Include details such as date and time of occurrence and location of incident.

Case Number(s) _____

AUTHORIZATION TO RELEASE JUVENILE RECORDS

Juvenile records may be released to the following persons subject to departmental policy. To allow us to appropriately process your request, please check all of the following that apply. Documentation will be required prior to the release of information requested. Juvenile records will not be sent by mail, e-mail, or fax. A photo ID will be required to pick up the records.

Please provide both name and date of birth for any juveniles you are requesting records on:

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

I am:

Juvenile parent/legal custodian of minor child involved in the report

Guardian named by the court (provide documentation)

Legal Custodian given by court order (provide documentation)

Juvenile (14 years of age or older) – requesting one’s own record

Victim of the juvenile’s act (for sole purpose of recovering injury, damage or loss suffered as a result of the juvenile act)

Victim’s insurer (when court ordered restitution has not been made within one year – for the sole purpose of investigating the claim (provide documentation)

Insurance Company and/or representative Attorney – with a signed/written release from the juvenile’s parent, guardian, or legal custodian (provide documentation)

Signature _____ Date _____

SPD #391C rev. 09/2024

*****Office Use Only*****

Form of identification: DL State ID Other: _____ Initials of person verifying identity: _____

Request Received By: _____