**Records Request**

**Use of form:** Use of this form is voluntary. Records of investigations of abuse and neglect of children are confidential under Wisconsin law. The Division of Milwaukee Child Protective Services (DMCPS) is required to follow sec. 48.981(7), Wis. Stats., which places strict limitations on who may have access to records of investigations involving allegations of abuse and / or neglect of children. In most cases the names and other identifying information regarding the person(s) who reported the alleged abuse or neglect which led to the investigation will be deleted from documents that you receive from DMCPS. Wisconsin law prohibits the release of this information. In very limited circumstances this information may be released to the office of the District Attorney or a policing agency for the purpose of investigation or prosecution. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

|  |  |  |
| --- | --- | --- |
| Requestor Information | | |
| Name (First, Last) | | |
| Relationship to Child(ren) Parent  Guardian  Other Note – if you are a nonmarital father of a child(ren) for whom you are requesting records, you are required to provide a copy of the court order which adjudicates you as the father. | | |
| Home Address (house number, city, state, zip) | | |
| Mailing Address  Same as Home Address | | |
| Primary Phone Number | Is it okay to leave a message? Yes No | |
| Preferred method of receiving requested information Pick-up in person Mail copies Email materials – Email Address | | |
| Investigation Information | | |
| Date of Incident(s). Note: the date of the incident(s) is required | | |
| Child Name (First, Last) | | Birthdate |
| a. | |  |
| b. | |  |
| c. | |  |
| d. | |  |
| e. | |  |
| Attestation | | |
| I understand I must include a copy of my photo ID with my request and a copy is enclosed. (if applicable) As a nonmarital father, I understand I must provide a copy of my court order, and it is enclosed. | | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **SIGNATURE** – Requestor |  | Date Signed |

|  |  |
| --- | --- |
| **Return completed form to** | |
| Mail | Division of Milwaukee Child Protective Services  635 N. 26th Street  Milwaukee, WI 53233 |
| Fax | (414) 220-7062 |
| Email | [DCFMBDMCPSRecordsRequests@wisconsin.gov](mailto:DCFMBDMCPSRecordsRequests@wisconsin.gov) |

Your request will be processed in a reasonable amount of time.

|  |  |  |  |
| --- | --- | --- | --- |
| **TO BE COMPLETED BY DIVISION OF MILWAUKE CHILD PROTECTIVE SERVICES STAFF** | | | |
| Payment may be made by cash or money order. Checks will not be accepted. | | | |
| NUMBER OF PAGES | x 25 cents = | $ |  |
| COST FOR POSTAGE |  | $ |  |
| TOTAL COST |  | $ |  |