**Guardian ad Litem Request for Background Information regarding Guardianship Petition**

The purpose of this form is to gather information needed to complete a Child Protective Services (CPS) background check from Wisconsin’s county administered child protective services data system for the purposes of the Guardian ad Litem to review and consult during guardianship proceedings occurring in Milwaukee County. This form can only be used to request records for use during guardianship proceedings. CPS information may be released as allowed by Wisconsin Statute Section 48.981(7).

Please email all requests to: [DCFMBDMCPSRecordsRequests@wisconsin.gov](mailto:DCFMBDMCPSRecordsRequests@wisconsin.gov)

**Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes]**

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| **Guardianship Case Information:** | | | |
| Child’s Name: (First, Last) | Date of Birth: | Case Number: | Court Date: |
| Child’s Name: (First, Last) | Date of Birth: | Case Number: | Court Date: |
| Child’s Name: (First, Last) | Date of Birth: | Case Number: | Court Date: |
| Child’s Name: (First, Last) | Date of Birth: | Case Number: | Court Date: |
| Child’s Name: (First, Last) | Date of Birth: | Case Number: | Court Date: |

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| **Attorney Contact information:** | |
| Name: (First, Last) | Email: |

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| **Personal Information for Individuals Being Checked:** (Include any alias/maiden names and/or Dates of Births): | |
| Name: (First, Last) | Date of Birth: |
| Name: (First, Last) | Date of Birth: |
| Name: (First, Last) | Date of Birth: |
| Name: (First, Last) | Date of Birth: |
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| Name: (First, Last) | Date of Birth: |

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| **Additional Information:** |
| Indicate any specific information needed for check to be completed (Ex. Specific ranges of dates for check, specific reports needed and/or additional demographic information if needed): |