

OPEN RECORDS REQUEST

This form is provided for your convenience and clarity in making a written open records request, §19.35(h), Wis. Stats. also allows for you to make an oral open records request if that is your preference

CONTACT INFORMATION

DATE: _____

Name: _____

Address: _____

Phone: _____

Fax: _____

E-mail Address: _____

Please provide a "Payment Advice" to recap my records request and payment due.

NOTE: An open records request cannot be refused because the person making the request is unwilling to be identified or does not state the purpose of the request. [§19.35(1)(i), Wis. Stats.] However, we may be required to ask for identification if your records request involves confidential case records where access may be restricted or limited to certain individuals.

WHAT ARE YOU REQUESTING? *Applicable fees are indicated*

Copy (\$1.25 per page) Certified Copy (\$1.25 per page PLUS \$5.00 certification fee per document)

Judgment of Divorce Approx. Date/Year of Filing: _____

Criminal Complaint Judgment of Conviction

Other (include filing date of document on CCAP) _____

PROVIDE NAME OR CASE NUMBER: _____

Search Fee \$5.00 search fee applies if no case number provided

You can do a case search yourself at www.wicourts.gov to avoid incurring a \$5.00 search fee.

Complete Record Search including: Criminal Traffic Family Civil (TROs) Small Claims

Please note search will not include juvenile or paternity cases, as they are confidential. A record search will identify search results on Clerk of Court letterhead and indicate whether records are available or if they have been destroyed in accordance with SCR retention guidelines. From the search results, you can determine if you wish to purchase any specific records from the cases identified which are still in existence.

PROVIDE NAME(S) TO SEARCH: _____

\$5.00 search fee per name (search will only be completed for exact spelling provided; additional \$5.00 search fee required for each additional spelling or for each additional name searched).

PROVIDE DATE OF BIRTH (IF KNOWN) TO HELP LIMIT SEARCH DOB: _____

The records you are requesting will be provided to you in your preferred format (paper or electronic) at the time payment is presented and receipted. Prepayment is not required, unless your records request is voluminous, involves duplication of non-paper records, and the cost exceeds \$5. Records will be copied and provided immediately at the time payment is presented and receipted. You will be advised if there is any time frame involved with your records request. Anyone may make payment on your behalf at our office located at 1010 S. 8th Street, Room 105, Manitowoc, Wisconsin. For your convenience, we accept cash, checks, money orders, debit or credit cards.

INDICATE PAYMENT METHOD & FORMAT OF RECORDS REQUESTED

Kindly indicate how payment will be made for records being requested:

cash check or money order debit or credit card using PayGov @ 1-866-480-8552

Kindly indicate the format preference for your records, which will be copied and provided immediately at the time payment is presented and receipted:

paper format; will pick up in person

paper format; mail to: _____

electronic format; email to: _____

**FEES AND STATUTORY
AUTHORITY INFO:**

- \$1.25 per page copy fee [*§814.61(10), Wis. Stats.*]
- \$5.00 certification fee (per document) [*§814.61(5)(a), Wis. Stats.*]
- \$5.00 search fee (per name searched) [*§814.61(11), Wis. Stats.*]
- Actual mailing and shipping charges may apply [*§19.35(3)(d)*]
- Prepayment required for fees exceeding \$5 [*§19.35(3)(f)*]
- For duplication of non-paper records, fees will not exceed actual cost of reproduction/duplication [*§19.35(3)(a) and b)*]

SEND THIS COMPLETED REQUEST TO:

Manitowoc County Clerk of Court
ATTN: Barbara P., Records Clerk
1010 S. 8th Street, Room 105
Manitowoc, WI 54220
Phone: (920) 683-4306
Fax: (920) 683-2733
e-mail: Barbara.Pamperin@wicourts.gov