

## **NAME CHANGE INFORMATIONAL SHEET FOR ADULT OR MINOR 14 OR OLDER**

### **General Information:**

All petitions for Name Change are filed in Room C-167 of the Civil Division of the Waukesha County Courthouse. General information about the name change process is contained in Wisconsin Statutes §786.36 and §786.37.

The petitioner may request that the name change petition be confidential if publication could potentially endanger the petitioner. The Court will make a finding as to this request at a status hearing prior to the name change hearing.\*\*

**Filing Fees:** Please check with Clerk of Courts staff for the current filing fee  
**Petitioner:** The petitioner is the party who is seeking to change his/her name

### **Instructions for Completing Name Change forms:**

#### **PLEASE COMPLETE:**

- **Petition for Name Change for Adult of Minor 14 or Older CV-450**  
Petitioner must complete the entire form.
- **Notice for Name Change Hearing CV-460**  
Petitioner should complete the form with the exception of the judge's name, location, and date of hearing. The remainder of the document will be completed at the time of filing.

### **Filing Instructions:**

1. Completed forms and the current filing fee should be presented for filing in Room C-167 of the courthouse. A case number, judge and hearing date will be assigned at the time of filing. The hearing date assigned will be at least six (6) weeks into the future to allow time for the petitioner to publish the petition (see item #2).
2. After the case is filed, the clerk in Room C-167 will make two (2) copies each of the Notice and Order for Name Change Hearing and the Petition for Name Change. The petitioner must take the Name Change Papers to a newspaper in the community in which he/she resides for publication and arrange to have the Notice published. The Notice must appear in the newspaper once a week for three consecutive weeks. The newspaper will send proof of publication back to the petitioner, and the petitioner must file the proof of publication with the court prior to or at the time of the hearing.
3. The petitioner will also be provided forms to obtain a current driver's record and criminal history check. Please complete these forms and forward with the correct fee to the proper agencies.
4. If you hold a professional license (other than a license to teach in the public schools) and your name change is for a reason other than marriage or divorce, you may need the approval of your licensing board or commission to change your name to a name other than the name listed on your license. Contact the appropriate board to learn its requirements.

5. On the assigned hearing date, the petitioner should take all necessary paperwork to court. The petitioner should go to the assigned courtroom, check in with the clerk, and follow the instructions given by the clerk and/or the judge. After the hearing, the judge will sign the Order for Name Change if granted.
6. Immediately following your hearing with the court, you will be directed to the Civil Division of the Clerk of Courts Office, **Room C380** to receive the signed order, make payments, and complete your name change process. Payments include the \$30.00 recording fee payable by check only to the Waukesha County Register of Deeds. Register of Deeds also requires a certified order at \$7.50 to record the name change pursuant to Wisconsin State Statutes. The payment and document will be forwarded to the Office of the Register of Deeds by the clerk. If changing vital records, you will be asked to complete the State of Wisconsin Bureau of Vital Records form and payment by check only. The base fee is \$30.00 with an additional \$3.00 per additional copy (optional). The payment and document will be forwarded to Vital Records by the clerk. You may also purchase copies of the certified name change order at \$7.50 per order for your personal records. To avoid any delay in registering your name change on the date of your hearing, it is recommended you bring at least two checks to pay these additional fees.

**\*\*Instructions for Completing CONFIDENTIAL Name Change for Adult or Minor 14 or Older forms:**

**PLEASE COMPLETE:**

- Petition for Confidential Name Change for Adult or Minor 14 or Older (CV-451) Petitioner must complete the entire form.
- Notice for Confidential Name Change Hearing (CV-461) Petitioner should complete the form with the exception of the judge's name, location, and date of hearing. The remainder of the document will be completed at the time of filing.

**Filing Instructions:**

1. Completed forms and the current filing fee should be presented for filing in Room C-167 of the courthouse. A case number, judge and two (2) hearing dates will be assigned at the time of filing. The initial status hearing will be for the Court to determine if the petition may be confidential and no publication is necessary. The second hearing date assigned will be at least six weeks into the future.
2. The petitioner will also be provided forms to obtain a current driver's record and criminal history check. Please complete these forms and forward with the correct fee to the proper agencies.
3. On the initial status hearing date, the petitioner should take all necessary paperwork to court. The petitioner should go to the assigned courtroom, check in with the clerk, and follow the instructions given by the clerk and/or the judge. On the subsequent name change hearing date, the petitioner should go to the assigned courtroom and check in with the clerk. If the Court previously ordered that the petition not be confidential, the petitioner must file the Proof of Publication at this court hearing. Either way, the judge will sign the Order for Name Change if granted.
4. If petition granted, immediately following your hearing with the Court, you will be directed to the Court Administration Office of the Clerk of Courts Office, Room C380 to receive the signed order, make payments, and complete your name change process. Payments include the \$30.00 recording fee payable by check only to the Waukesha County Register of Deeds. Register of Deeds also requires a certified

order at \$7.50 to record the name change pursuant to Wisconsin State Statutes. The payment and document will be forwarded to the Office of the Register of Deeds by the clerk. If changing vital records, you will be asked to complete the State of Wisconsin Bureau of Vital Records form and payment by check only. The base fee is \$30.00 with an additional \$3.00 per additional copy (optional). The payment and document will be forwarded to Vital Records by the clerk. You may also purchase copies of the certified name change order at \$7.50 per order for your personal records. To avoid any delay in registering your name change on the date of your hearing, it is recommended you bring at least two checks to pay these additional fees.

## Basic Steps to Handling a Name Change

This guide provides a general outline of name change proceedings in Wisconsin. Procedure may vary by county. Any forms mentioned in this guide may be obtained from the Clerk of Court or online at <http://www.wicourts.gov/forms1/circuit.htm>. Please type or complete the forms in black ink.

If you would like to request a confidential name change where you won't have to publish notice of the proposed name change, you must prove to the court that publication of the name change could endanger you and that you're not seeking a name change in order to avoid a debt or conceal a criminal record. (§ 786.37(4), Wis. Stats.) If the court makes this finding, all records related to the name change will remain confidential and will not be available to the public. (§ 786.36(2m)(a), Wis. Stats.) There are specific forms to use for confidential name changes that are different than the forms listed below. The confidential name change forms can also be found online at <http://www.wicourts.gov/forms1/circuit.htm>. For additional information on confidential name changes, see CV 491 (Basic Steps to Handling a Confidential Name Change).

### Introduction

Any eligible resident of Wisconsin, whether a minor or an adult, may petition the court in the county where he or she resides to have his or her name changed.

If you hold a professional license (other than a license to teach in the public schools) and your name change is for a reason other than marriage or divorce, you may need the approval of your licensing board or commission to change your name to a name other than the name on your license. Contact the appropriate board to learn its requirements.

A person, including a juvenile, required to register as a sex offender under § 301.45(1g), Wis. Stats., may not change his or her name. (§ 301.47(2)(a), Wis. Stats.)

If you are already married and changing your last name to your spouse's last name or hyphenating your last names, a court order is typically not required. To change your name due to marriage, please see the additional information online at <https://www.wicourts.gov/services/public/selfhelp/namechange.htm>.

- 1. **Fill out a Petition for Name Change form.** There are two Petition for Name Change forms. If the person whose name is proposed to be changed is an adult or a minor age 14 or over, complete CV-450. Use CV-455 if the person whose name is proposed to be changed is a minor under 14 years of age. The form has step-by-step instructions on the left side. If the person whose name is proposed to be changed is a minor under 14 years of age, the petition must be made by:
  - a. Both living parents, the sole surviving parent, or the sole adoptive parent of the minor child.
  - b. One of the parents of the minor child who has two living parents and paternity has been established.
  - c. The mother, and the minor child is a non-marital minor child who is not adopted or whose parents have not married, and paternity of the minor child has not been established.
  - d. The legal guardian/custodian of the minor child because either both parents are dead or the parental rights of both parents have been terminated by judicial proceedings.

Once you have filled out the Petition for Name Change form, you should make at least two copies of the completed form.

- 2. **Fill out a Notice of Name Change Hearing form** or the Clerk of Court in your county may complete it for you. Ask your Clerk of Court whether, based on local practice, you may need to complete this form. If so, the form (CV-460) has step-by-step instructions on the left side. Once you have filled it out, you should make at least two copies of the completed form.
- 3. **Fill out an Order for Name Change form** or the Clerk of Court in your county may complete it for you. Ask your Clerk of Court whether, based on local practice, you need to complete this form. If so,

the form (CV-470) has step-by-step instructions on the left side. Once you have filled it out, you should make at least two copies of the completed form.

4. **File the Petition for Name Change, the Notice of Name Change Hearing (if required by your county), and the Order for Name Change (if required in your county) forms.** The original forms and **any required copies** must be filed and a fee paid to the Clerk of Court in the county where you are filing your case. Exact procedures vary locally, but you will be assigned a date and time for the hearing and some of your copies will be authenticated and returned to you.

You should also ask your Clerk of Court if you need to bring the original or a certified copy of your birth certificate with you to the hearing. The birth certificate should not be filed with the court, but the judge may review it as part of their decision-making process.

You may also be asked to complete the Department of Health Services form, Report of Legal Name Change (F-05021). If the court grants the petitions, the Clerk of Court will sign and seal the form and send the certified copy to Vital Records. You can get this form by contacting Vital Records at 608-266-1939.

5. **Publish the Notice of Name Change Hearing form in a local newspaper.** State law requires publication of third class notice (printed once a week for three weeks) of the Notice of Hearing form in a local newspaper prior to the hearing date. There are official newspapers in many municipalities, but generally you can use any newspaper regularly published at least once a week in the area **where the petitioner resides**. There may be a fee charged for publication. After the publication is completed, the newspaper will provide you with a "Declaration of Publication." Follow local court practice for filing the proof of publication with the Clerk of Courts before the hearing date or presenting it at the name change hearing.

**If one parent is filing on behalf of a minor under 14 whose paternity has been established (1.b., above), have the non-petitioning parent served with a copy of the Petition for Name Change of Name and the Notice of Name Change Hearing forms.** For the court to hear the case, the non-petitioning parent must be provided with a copy of the Petition for Name Change and the Notice of Name Change Hearing no later than five business days ahead of the hearing. A sheriff or private process server must attempt to personally serve the non-petitioning parent. You will be charged a fee for this task. Once the documents have been served, you will be sent a proof of service. When proof of service is returned, take the original to the Clerk of Courts for filing after you make a copy of the proof of service for yourself. Bring the document to the hearing.

If personal service cannot be accomplished, proof of due diligence in service attempt must be filed with the court. An Affidavit/Certificate of Non-Service will be sent to you by the sheriff or process server and the Declaration of Attempted Service on Non-Petitioning Parent (CV-465) can be used to demonstrate attempted service on the non-petitioner. File these documents with the Clerk of Court at or before the first court date according to local court rules.

6. **Attend the Name Change Hearing.** Be on time and polite. Do not get emotional. If instructed by the Clerk of Court, you must have the original or certified copy of the birth certificate for the judge's review. The judge will ask you for the "Declaration of Publication." If one living parent is filing on behalf of a minor, proof of service or attempted service on the other living parent must also be provided at the hearing. You may be placed under oath and questioned about the information on the Petition. If your petition is granted, the judge will sign the Order for Name Change. If your petition is not granted, the judge will complete an Order Denying Name Change (CV-475).

For minors under 14 whose paternity has been established and one parent is the petitioning party, if the non-petitioning parent does not appear at the hearing or otherwise answer the petition, the action may proceed. If the non-petitioning parent appears at the hearing or otherwise answers the petition and shows that he or she has not abandoned the minor, or failed to assume parental responsibility for the minor, the court shall require the consent of the non-petitioning parent before changing the

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name of the minor. The Response of Non-Petitioning Parent to Name Change of Minor Child Under 14 form (CV-480) may be used to record the non-petitioning parent's position on the requested name change. File this document with the Clerk of Court according to local court rule.

7. **File the Order for Name Change according to local court procedure and complete any post-decision activities.** File the Order for Name Change with the Clerk of Courts office. Follow local procedure for recording a certified copy of the order in the Register of Deeds office in the county where the name change occurred. A fee will be charged.

Enter the name of the county in which this case was filed.

STATE OF WISCONSIN, CIRCUIT COURT,  
WAUKESHA COUNTY

Enter the current legal name of the person whose name is proposed to be changed.

IN THE MATTER OF THE NAME CHANGE OF

First Name      Middle Name      Last Name

Enter Petitioner's and Co-Petitioner's (if any) name(s) if the name change is for a minor under 14 years of age.

By (Petitioner) \_\_\_\_\_

First Name      Middle Name(s)      Last Name

By (Co-Petitioner) \_\_\_\_\_

First Name      Middle Name(s)      Last Name

Enter the case number on the far right.

Amended

**Notice of Name Change Hearing**

Case No. \_\_\_\_\_

**NOTICE IS GIVEN:**

A Petition was filed asking to change the name of the person listed above:

Enter the current legal name.

From: [First] \_\_\_\_\_  
[Middle] \_\_\_\_\_  
[Last] \_\_\_\_\_

Enter the proposed new name.

To: [First] \_\_\_\_\_  
[Middle] \_\_\_\_\_  
[Last] \_\_\_\_\_

Enter the name as it currently appears on the birth certificate.

Birth Certificate: [First] \_\_\_\_\_  
[Middle] \_\_\_\_\_  
[Last] \_\_\_\_\_

The court will enter the judge's name, county, place, date and time for the name change hearing.

This Petition will be heard in the Circuit Court of WAUKESHA County, State of Wisconsin:  
Judge's Name \_\_\_\_\_

Place Waukesha County Courthouse - Room 515 W Moreland Blvd, Waukesha, WI 53188

Date \_\_\_\_\_  
Time \_\_\_\_\_

If you require reasonable accommodations due to a disability to participate in the court process, please call (262) 548-7525 prior to the scheduled court date. Please note that the court does not provide transportation.

Note: Enter the name of the newspaper. You must publish this notice in the newspaper as instructed.

**NOTICE TO NEWSPAPER AND PETITIONER:**

Notice of this hearing shall be given by publication as a Class 3 notice for three weeks in a row prior to the date of the hearing in the following newspaper \_\_\_\_\_.

**Notice to Printers:** Do not print the instructional text in the boxes along the left-hand column when publishing this notice. Print bolded text in bold typeface.

Enter the name of the county in which this case was filed.

STATE OF WISCONSIN, CIRCUIT COURT,  
\_\_\_\_\_  
COUNTY

Enter your current name. You are the Petitioner.

IN THE MATTER OF THE NAME CHANGE OF

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

The clerk will enter the case number.

Amended

Petition for Name Change  
for Adult or Minor 14 or Older  
(30708)

Case No. \_\_\_\_\_

One or both parties require the services of an interpreter. Which party? \_\_\_\_\_  
Which language? \_\_\_\_\_ Complete and file the Interpreter Request (GF-149) form.

I am the Petitioner and state:

1. My address is [Street Address, City, State and Zip] \_\_\_\_\_

2. I live in \_\_\_\_\_ County, Wisconsin.

3. I was born on [Date] \_\_\_\_\_ in the state of \_\_\_\_\_.

4. My birth certificate was issued in the state of \_\_\_\_\_.

5. The name that appears on my birth certificate is [First Name] \_\_\_\_\_  
[Middle Name] \_\_\_\_\_  
[Last Name] \_\_\_\_\_

6. My current job is \_\_\_\_\_.

7.  A. I do not work in a job for which a license has been required by any state, or my only professional license is to teach in the public schools in this state.

B. I do work in a job (other than a licensed teacher in Wisconsin public schools) for which a license has been required by any state. However, I have notified the state board or commission for my profession and they do not object to my proposed name change.

8. I  am  am not a convicted sex offender required to register under §§301.45, 938.34(15m), and 938.345(3), Wis. Stats., or a similar law of any other state.

9. I wish to change my name to [First Name] \_\_\_\_\_  
[Middle Name] \_\_\_\_\_  
[Last Name] \_\_\_\_\_

For the following reason(s): \_\_\_\_\_

10. I wish to change the name on my Wisconsin  birth  marriage certificate.

I declare under the penalty of false swearing that the information I have provided is true and accurate.

►  
Signature \_\_\_\_\_

Name Printed or Typed \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date \_\_\_\_\_

State Bar No (if any) \_\_\_\_\_

## Estimated Name Change Fees

Event	Payable to	Fee	When
Filing Civil Case	Waukesha County Clerk of Courts	\$164.50	With Initial Filing
Request Non-Certified Driving Record (Required for parties >18 Years Old)	Wisconsin DMV	\$7.00	After Filing, Before Hearing
Request Criminal History Record (Required for parties >18 Years Old)	Department of Justice	\$12.00	After Filing, Before Hearing
Publication	Waukesha Freeman	\$75-\$95	After Filing, Before Hearing
Certified Copies of Order of Name Change (1 copy required for ROD, additional copies optional)	Waukesha County Clerk of Courts	\$7.50 (per copy)	Following Hearing (Approved)
Recording Name Change	Register of Deeds	\$30.00	Following Hearing (Approved)
Amend Birth Certificate (Optional)	Wisconsin Vital Records	\$10.00	Following Hearing (Approved)
Certified Copies of Amended Birth Certificate (Optional)	Wisconsin Vital Records	\$20.00	Following Hearing (Approved)
Additional Copies (Optional)	Wisconsin Vital Records	\$3.00	Following Hearing (Approved)

*Estimated Fees as of April, 2024*

*Fees are subject to change without notice. Please contact the Civil Division or other appropriate agency above for current rates.*

Register of Deeds and Wisconsin Vital Records require payment by check or money order

**REMINDER: PLEASE BRING A CHECKBOOK ON THE DAY OF THE HEARING.**

**GENDER CHANGE:**

Wisconsin Vital Records filing fee \$20.00  
 First Certified Copy \$20.00  
 Additional Certified Copies \$3.00 each

**ADDITIONAL DOCUMENTS NEEDED FOR NAME CHANGE APPLICANTS FILING  
PETITION FOR NAME CHANGE FOR ADULT OR MINOR 14 OR OLDER- CV-450**

**DRIVING RECORD AND CRIMINAL HISTORY REPORT**

The Civil Division of the Circuit Courts requires that all people using form CV-450 requesting a name change, provide the courts with a current driving record and a current criminal history report.

The forms to obtain these records are attached with instructions for use. You may also request the records online as detailed below. Please read the instructions carefully. There is a fee for each record request.

**1. Driving Record**

The Non-Certified copy of your driving record must be ordered from the Department of Transportation.

If you do not have a Drivers License you are required to submit the request via regular mail. You may request your driving record by completing the attached form or by downloading the form from the DOT website at <http://wisconsindot.gov/Documents/formdocs/mv2896.pdf> and submitting as listed below:

You must include the fee required. Do not send cash. Make check or money order payable to: Registration Fee Trust.

Mail to:   Driver Records  
                 WisDOT  
                 P.O. Box 7995  
                 Madison, WI 53707-7995

If you have a Drivers License you may make your request online.

You may go to the Wisconsin Motor Vehicle website  
<https://wisconsindot.gov/Pages/online-srvcs/OtherServices.aspx>  
Select "Purchase my driver record" and following the prompts.

**2. Criminal History Record**

Your request for a criminal history report may be ordered from the Department of Justice via mail using the attached form or online by visiting the site listed below. A fee will be charged.

The criminal history report may be sent directly to the Clerk of Courts Department from the Department of Justice. For this process, **you must include a pre-addressed stamped envelope containing the following address for mailing:**

Waukesha County Courthouse  
Clerk of Courts- Civil Division  
P.O. Box 1627  
Waukesha, Wisconsin 53187-1727

To make an online request you may visit: <https://recordcheck.doj.wi.gov/> Please follow the procedure below for easier processing.

- Select "Public Access"
- Select "Submit Request"
- Accept security warning and select "Next"
- Background request type is "General"
- Follow instructions to submit and pay for request.

Both reports may be filed with the courts prior to your name change hearing court date or may be submitted to the court at the scheduled hearing. Please allow ample time to obtain the required records. Failure to have both reports could result in an adjournment of the hearing and additional expenses to you.

If you have questions please contact the Civil Division Office at: 262-548-7525.



# VEHICLE / DRIVER RECORD INFORMATION REQUEST

Wisconsin Department of Transportation (WisDOT)

MV2896 7/2015 Title 18 USC Section 2721-2725 and s.19.36(1) Wis. Stats.



Form MV2896 may be photocopied for future use and is also available on the DMV website at: [wisconsindot.gov/Documents/formdocs/mv2896.pdf](http://wisconsindot.gov/Documents/formdocs/mv2896.pdf).

This request must be completed before information about a Wisconsin vehicle or driver record can be obtained. It is the responsibility of the requestor to determine if they qualify for the information and uses permitted under the listed Federal Acts, see page two of this form. The Wisconsin Department of Transportation cannot determine qualification for requestors.

Public Abstract Request System (PARS) is a secure online service that allows authorized account holders to receive driver and/or vehicle record abstracts quickly and easily using the web. Visit [www.portal.wi.gov/register](http://www.portal.wi.gov/register) for information on setting up an account.

Individuals can request their own driver or vehicle record online: [wisconsindot.gov/Pages/online-srvcs/online.aspx](http://wisconsindot.gov/Pages/online-srvcs/online.aspx)

## Section A – Requester Information

Name (Business or other non-individual, if applicable)	Name (Individual or person completing for non-individual)		
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Requester FEIN (if applicable)	Requester Driver License Number OR		
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Street Address	City	State	ZIP Code	(Area Code) Telephone Number (daytime)
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Mailing Address (if different from above)	City	State	ZIP Code	Email Address
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## Section B – Record Information Request (For additional records, complete additional MV2896)

Incomplete or incorrect information provided may result in an additional \$5 fee per driver record, and \$5 fee per vehicle or Disable Parking Identification Permit (DisID) record. If you request the history of all owners, an additional charge of \$5 per owner will be assessed. Also, \$0.25 may apply per page. Government requests are subject to a \$2 fee for each paper request per 343.24(2)(d).

### DRIVER RECORDS – List identifiers for whom record is requested (Limit 3)

Name of Person	WI Driver License Number	Birth Date

Non-Certified – Fee \$7 each      Quantity

<input type="checkbox"/> Consists of: <ul style="list-style-type: none"> <li>Driver abstract (record) summarizing record at time of producing abstract</li> </ul>	<input type="checkbox"/> Consists of: <ul style="list-style-type: none"> <li>Current driver record and cover letter Certification form as described in s.909.02</li> </ul>
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Mail check or money order made payable to Registration Fee Trust to: Driver Records, WisDOT, PO Box 7995, Madison, WI 53707-7995

### VEHICLE RECORDS – List identifiers for vehicle/plate being requested (Limit 3)

Year	Make	Vehicle Identification Number (VIN)	WI Plate or DisID	Current Owner	History of Owners
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Non-Certified – Fee \$5 each      Quantity

<input type="checkbox"/> Consists of: <ul style="list-style-type: none"> <li>Vehicle abstract (record) summarizing record at time of producing abstract, will include each record/owner for history requests</li> <li>Copies of applications and other documents will be included ONLY if specifically requested in the comment section below.</li> </ul>	<input type="checkbox"/> Consists of: <ul style="list-style-type: none"> <li>Current vehicle record and cover letter</li> <li>Certification form as described in s.909.02</li> </ul>
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Mail check or money order made payable to Registration Fee Trust to: Vehicle Records, WisDOT, PO Box 7995, Madison, WI 53707-7995

DRIVER RECORDS TOTAL DUE: \$ 0 . 0 0	VEHICLE RECORDS TOTAL DUE: \$ 0 . 0 0
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Please complete and sign page 2.

VEHICLE / DRIVER RECORD INFORMATION REQUEST (continued)  
Wisconsin Department of Transportation MV2896

**Section C – Authorization** Please check the statement below that allows you authorization to obtain personal information. Sign certification.  
I (we) are authorized under the Federal Driver's Privacy Protection Act to obtain the identified records and personal information based on the following:

- 1. Authorized for use, if the requester demonstrates that they have obtained the written consent from the person about whom the information pertains. This is not for DMV account holders.
  - a. I am requesting a copy of my own record.
  - b. I am a parent or legal guardian of a minor child and am requesting a copy of his/her record.
  - c. I am requesting the record of another person and have attached their written consent.
- 2. For use in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers to carry out the purposes of the Automobile Information Disclosure Act, the Anti-Car Theft Act of 1992, and the Clean Air Act.
- 3. A government agency (federal, state, local or tribal) or employed by such, for the purpose of the government agency to carry out its functions.
- 4. A federal, state, circuit, local, or tribal court, or employed by such, for the purpose of the court to carry out its functions.
- 5. A Wisconsin or out-of-state law enforcement agency, or employed by such, for the purpose of the law enforcement agency to carry out its functions.
- 6. Authorized representative, agent, contractor, or employed by such, of a legitimate business and the vehicle/driving record being requested will be used for normal course of business, but only to:
  - a. verify the accuracy of the personal information submitted by the individual to the business;
  - b. if such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual.
- 7. Authorized for use in connection with any civil, criminal, administrative, or arbitral proceeding in any federal, state, circuit, local, or tribal court or agency, or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a federal, state, circuit, local, or tribal court.
- 8. Authorized for use in research activities and producing statistical reports, as long as the personal information is not published, redislosed, or used to contact individuals.
- 9. Authorized representative, agent, contractor, or employed by such, of an insurer, insurance support organization or self-insured entity and the vehicle/driving record(s) being requested will be used only in connection with the following:
  - a. Claims investigation;
  - b. Anti-fraud activities;
  - c. Rating or underwriting.
- 10. Authorized for use in providing notice to the owners of towed or impounded vehicles.
- 11. Authorized representative or owner of a licensed private investigative agency or licensed security service and the vehicle/driving record is being requested for the use of purposes permitted under the Federal Driver's Privacy Protection Act.
- 12. Authorized as an employer, or its agent or insurer for use in obtaining or verifying information relating to a holder of a commercial driver license (CDL).
- 13. Authorized representative or owner of a private toll transportation facility for use in the operation of the facility.

The Driver Privacy Protection Act (DPPA) is enforced by the U.S. Department of Justice, which may seek civil and criminal penalties for improperly obtaining, disclosing, or using personal information from a motor vehicle record for a purpose not permitted by the DPPA. In addition, private citizens may also seek civil damages in Federal Court.

**Comments:** Please be specific when describing your request, for example, lien information, a complete history, current owner only, etc. Attach additional pages if needed.

**CERTIFICATION**

I (we) certify that the information and statements on this request are true and correct, comply with the provisions of the Federal Driver's Privacy Protection Act and understand that the willful, unauthorized disclosure of information obtained from these records for a purpose other than stated on this request, or the sale or other distribution of the information to a person or organization not disclosed in this request may result in penalties imposed under Title 18 U.S.C. Section 2724.

(Requester Signature)

(Date Signed – m/d/yyyy)



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

DIVISION OF LAW ENFORCEMENT SERVICES  
Crime Information Bureau  
Record Check Unit

PO Box 2688  
Madison, WI 53701-2688  
(608) 266-7314

WISCONSIN CRIMINAL HISTORY  
SINGLE NAME RECORD REQUEST

A self-addressed, postage-paid envelope must accompany every inquiry. Ensure sufficient postage is included. See next page for additional instructions and information. Please print legibly or type.

Requestor Type – Check Only One

Government Agency \$12.00\*  
 General Public \$12.00\*  
 Nonprofit Org. \$12.00\*  
 Public Defender (Fee Exempt)  
 SPD # \_\_\_\_\_  
 Police Certificate \$20.00\*

Request Purpose – Check Only One

General Information  
 Public Housing  
 Caregiver – General (\*Add \$8 DHS Fee)  
 Child Daycare – Caregiver (\*Add \$3 DHS Fee)  
 Daycare search requires Facility # \_\_\_\_\_ or  
 Certifying Agency # \_\_\_\_\_

Payment Type – Check Only One

Billing Account # \_\_\_\_\_  
 (not available for Police Certificate)  
 Amount Enclosed  
 \$ \_\_\_\_\_

(Police Cert. must include fingerprint card)

Request Certified Results

Search for a Record on: (Please type or print legibly)

\* Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Last) (First) (Middle)

\* Sex: \_\_\_\_\_ \* Race: \_\_\_\_\_ \* Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 MM DD YYYY

Other Identifying Data (Social Security Number, Maiden Name(s), Additional Names, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* Required Data

\* ► Return request to: Include a self-addressed, postage-paid envelope

Name: Waukesha County Courthouse Clerk of Courts Attn: Civil Division

Street: P.O. Box 1627 Phone: \_\_\_\_\_

City, State, Waukesha, WI 53187-1627 FAX: \_\_\_\_\_

Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

FOR CIB USE ONLY

Special Processing Instructions:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## General Instructions

Use form DJ-LE-250 to request a criminal background check on a single individual. Use form DJ-LE-250A to request background checks on multiple persons. Wisconsin Statutes 19.35(1) and 165.82 provide that any person or entity may request a criminal background check. The subject of the inquiry may be any person. Wisconsin adult criminal history data held by the Crime Information Bureau is public information. Wisconsin does not release juvenile information unless statutorily authorized.

The Wisconsin Criminal History Record Request **must** provide:

- (1) **Requestor Type.** Check the box for your requestor type. If you are a nonprofit organization, you must include a copy of your 501(c)3 ruling from the IRS. If you are a state public defender, you must include your SPD number.
- (2) **Request Purpose.** Check the "General Information" box unless you need the special processing described below. Requests received without a request purpose checked will be processed as "general information."

Caregiver Background Check processing should be used by entities or individuals required to do caregiver background checks under s. 50.065, and childcare entities under s. 48.685. The caregiver background check includes a Wisconsin criminal background check, a license and registry check from the Wisconsin Department of Health Services (DHS) and a professional credential check from the Wisconsin Department of Safety and Professional Services (DSPS). The results of the caregiver background check from DHS/DSPS are returned separately from the Wisconsin criminal history results. Child day care providers with day care facility numbers [assigned by the Division of Children and Families (DCF)] or with certifying agency numbers [assigned by the Wisconsin Department of Workforce Development (DWD)] must check the "Child Day Care" box and provide their facility or agency number. All other entities and individuals covered by the Caregiver legislation must check the "Caregiver Background Check – General" box.

\* ► (3) **Payment Type.** Wisconsin s. 165.82 requires CIB to charge a fee for background checks. If appropriate, include DHS Caregiver fee in Amount Enclosed. If you have an account and wish to be billed, enter your account number. Account customers will be billed monthly. **A check or money order must accompany all other requests.** Make checks payable to the Wisconsin Department of Justice.

(4) Enter the complete name, sex, race, and date of birth of the individual being checked. Entry of social security number is optional, but please be aware that this number is one of the unique identifiers used by the Crime Information Bureau and by the Department of Health Services. Social Security numbers help prevent incorrect matches.

(5) A self-addressed, postage-paid envelope must accompany every inquiry. Ensure sufficient postage is included. This form will be returned and stamped "No Record" if there is no public criminal information on file at CIB. The form will be accompanied by public criminal history information if a record is found. Please allow 10 business days for the CIB record check and reasonable mailing time by the postal service. Do not provide an additional envelope for Caregiver results. General Caregiver results will be returned to the address specified in the "Return request to" section and Child Daycare results will be returned to the address on file at DHS or DWD.

(6) Complete the "Return request to" section.

\* ► Mail requests to: Crime Information Bureau Attn: Record Check Unit PO Box 2688 Madison, WI 53701-2688 ◀ \*\*

**165.82 CRIMINAL HISTORY SEARCH FEE.** (1) Notwithstanding ss. 19.35(3) the Department of Justice shall impose the following fees, plus any surcharge required under sub. (1m), for criminal history searches for purposes unrelated to criminal justice or to s. 175.35, 175.49, or 175.60:

(am) For each record check, except a fingerprint card record check, \$7.00

(ar) For each fingerprint card record check requested by a governmental agency or nonprofit organizations, \$15.00

(1m) The department of justice shall impose a \$5 surcharge if a person requests a paper copy of the results of a criminal history search requested under sub. (1).

(2) The Department of Justice shall not impose fees for criminal history searches for purposes related to criminal justice.

### Requestor Type Category Definitions

**Nonprofit Organization** – An organization in which no part of the income is distributable to its members, directors or officers. Record check requests submitted to the Crime Information Bureau by nonprofit organizations must include a copy of the organization's 501 (c) (3) ruling from the Internal Revenue Service].

**Governmental Agency** – A federal, state, county or municipal governing body created by constitution, state, code, charter, ordinance, rule or order and any formally constituted subunit or agency thereof. This category includes public school districts.

**Any Other Requestor** – Includes any individual, agency or organization that does not meet the definition of governmental agency, nonprofit organization or a criminal justice agency involved in the administration of criminal justice.

**Police Certificate** – A fingerprint-based criminal history search most commonly needed for purposes of immigration or adoption. This search is of Wisconsin criminal history records only. Searches for other states must be performed through each state or the FBI. Please indicate any special processing instructions in the space provided.