NAME CHANGE INFORMATIONAL SHEET
FOR ADULT OR MINOR 14 OR OLDER

General Information:

Petitions for name change may be filed in person with the Civil Division of the Waukesha County Courthouse, located at 515 W. Moreland Blvd., Waukesha, WI 53187, or online via the Wisconsin Circuit Court eFiling website: https://www.wicourts.gov/ecourts/efilecircuit/index.jsp. 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 on this request at a status hearing prior to the name change hearing. (Please see the Instructions for Completing Confidential Name Change for Adult or Minor 14 or Older listed on page 2.) **

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

- All forms must be typed or printed in **BLACK INK**.
- Please note that the Waukesha County Civil Division requires all adults who are requesting a name change to provide the Court with a **current driving record** and a **criminal history check**.

Instructions for Completing Name Change forms:

PLEASE COMPLETE:

- **Petition for Name Change for Adult or 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 the Civil Division of the Waukesha County Courthouse or via the eFiling CCAP system.** 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 in the future to allow time for the petitioner to publish the petition.

2. After the case is filed in person, the clerk in the Civil Division will make two (2) copies each of the Notice for Name Change Hearing and the Petition for Name Change. If the matter is eFiled, it is the filer's responsibility to print the appropriate number of copies. **The petitioner must take the name change papers to a newspaper in the community in which he or 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. If the matter is filed in the Civil Division of the Waukesha County Courthouse, the petitioner will be provided with forms to obtain a current driver's record and criminal history check. If the matter is eFiled, you may obtain the instructions from the Waukesha County website: https://www.waukeshacounty.gov/circuit-courts/civil-court/name-change/ . Please complete these forms and forward them 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 one 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 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 a $30.00 recording fee, payable by check only to the Waukesha County Register of Deeds. The Register of Deeds also requires a certified order at $16.50 to record the name change pursuant to Wisconsin State Statutes. You must also submit a Self-Addressed, Stamped Envelope ("SASE") or an email address for the original document to be recorded and returned by the Register of Deeds office. The payment, document, and SASE or email address 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 submit 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 $16.50 per order for your personal records. To avoid any delay in registering your name change on the date of your hearing, it is recommended that 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 the Civil Division of the Waukesha Courthouse or via the eFiling CCAP system.** 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 whether the petition may be confidential and whether publication is necessary. The second hearing date assigned will be at least six weeks in the future.

2. If the matter is filed in the Civil Division of the Waukesha County Courthouse, the petitioner will be provided with forms to obtain a current driver's record and criminal history check. If the matter is eFiled, you may obtain the instructions from the Waukesha County website: https://www.waukeshacounty.gov/circuit-courts/civil-court/name-change/ . Please complete these forms and forward them 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 that hearing. Either way, the judge will sign the Order for Name Change, if granted.

4. 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 a $30.00 recording fee, payable by check only to the Waukesha County Register of Deeds. The Register of Deeds also requires a certified order at $16.50 to record the name change pursuant to Wisconsin State Statutes. You must also submit a Self-Addressed, Stamped Envelope ("SASE") or an email address for the original document to be recorded and returned by the Register of Deeds office. The payment, document, and SASE or email address 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 submit 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 $16.50 per order for your personal records. To avoid any delay in registering your name change on the date of your hearing, it is recommended that you bring at least two checks to pay these additional fees.

Basic Steps to Handling a Confidential Name Change

This guide provides a general outline of confidential 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.

Introduction

Any eligible resident of Wisconsin who is an adult or minor over 14 may petition the court in the county where he or she resides to have his or her name confidentially changed where publication of the proposed name change is not required.

To request a confidential name change, you must use the specific forms listed below. You won't have to publish notice of the proposed name change when you request a confidential name change, and the clerk will make sure the forms are not available to the public. (§ 786.37(4), Wis. Stats.) At the name change hearing, you will have to prove to the court that publication of the name change hearing could endanger you and that you are not seeking a name change in order to avoid a debt or conceal a criminal record. (§ 786.37(4), Wis. Stats.) If the court finds that publication is not required, all records related to the name change will remain confidential and will not be available to the public. (§ 786.36(2m)(a), Wis. Stats.) If the court does not make this finding and denies the confidential name change, you will have to file a standard name change using the standard name change forms to move forward with the name change. The standard name change forms can be found online at http://www.wicourts.gov/forms1/circuit.htm. All documents related to the confidential name change request will remain confidential.

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 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.)

☐ 1. **Fill out a Petition for Confidential Name Change for Adult or Minor 14 or Older form.**[1] If the person whose name is proposed to be changed is an adult or a minor age 14 or over, complete CV-451. The form has step-by-step instructions on the left side.

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

☐ 2. **Fill out a Notice of Confidential 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 need to complete this form. If so, the form (CV-461) 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 Confidential 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-471) 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 Confidential Name Change for Adult or Minor 14 or Older, Notice of Confidential Name Change Hearing (if required in your county) and Order for Confidential Name Change (if required in your county) forms.** The original forms and **any required copies**

[1] There is a CV 456 (Petition for Confidential Name Change for Minor Child under 14) form, but Wisconsin law does not address whether a confidential name change is allowed for minors under 14 years old, so the judge may not allow it.

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

☐ 5. **Attend the Name Change Hearing.** There is no publication requirement associated with the petition for a confidential name change, so a hearing will be set as soon as practicable. Be on time and be 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. 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 Confidential Name Change (CV-471). If your petition is not granted, the judge will complete an Order Denying Confidential Name Change (CV-476). If the court finds that your name change cannot be changed confidentially, you may follow the standard name change procedure using CV-450, Petition for Name Change for Adult or Minor 14 or Older.

☐ 6. **Complete any post-decision activities.** The Clerk of Court will collect a fee from you to record the name change with the Register of Deeds Office. The Clerk of Court may collect an additional fee for the state register of vital statistics to issue a copy of the birth certificate, if the Wisconsin birth certificate is to be changed.

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 CONFIDENTIAL 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 Confidential 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 515 W. Moreland Blvd. Room 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.

Enter the name of the county in which this case was filed.	**STATE OF WISCONSIN, CIRCUIT COURT,** **WAUKESHA COUNTY**
Enter **your current name.** You are the **Petitioner.**	IN THE MATTER OF THE CONFIDENTIAL NAME CHANGE OF _____ First Name Middle Name Last Name
The clerk will enter the case number.	☐ Amended **Petition for Confidential 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:

In 1, enter your complete address.

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

In 2, enter the county that you live in.

2. I live in _____ County, Wisconsin.

In 3, enter the date and state of your birth.

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

In 4, enter the state that the birth certificate was issued.

4. My birth certificate was issued in the state of _____.

In 5, enter the name as it appears on the birth certificate.

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

In 6, enter your job title.

6. My current job is _____.

In 7, check a or b.

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.

In 8, check the appropriate box.

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

In 9, enter reasons why you want your name change confidential.

9. I request that this petition remain **confidential** because publication could **endanger me** for the following reason(s): _____
   _____

In 10, enter your proposed new name.

10. I have not petitioned for a name change to avoid a debt or conceal a criminal record.
    I wish to change my name to [First Name] _____
    [Middle Name(s)] _____
    [Last Name] _____

Enter the reason(s) you want to change your name.

For the following reason(s): _____

Check 11, if you want your name changed on your WI birth certificate.

☐ 11. I wish to change the name on my Wisconsin birth 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	$235.00	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	$16.50 (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 November, 2026

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 Divison 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.

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 for information on setting up an account.

Individuals can request their own driver or vehicle record online: 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)

Requester FEIN (**If applicable**) Requester Driver License Number

OR

Street Address	City	State	ZIP Code	(Area Code) Telephone Number (daytime)

Mailing Address (if different from above)	City	State	ZIP Code	Email Address

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

☐ Consists of:
- Driver abstract (record) summarizing record at time of producing abstract

Certified – Fee **$12** each Quantity

☐ Consists of:
- Current driver record and cover letter Certification form as described in s.909.02

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
				☐	☐
				☐	☐
				☐	☐

Non-Certified – Fee **$5** each Quantity

Consists of:

☐
- Vehicle abstract (record) summarizing record at time of producing abstract, will include each record/owner for history requests
- Copies of applications and other documents will be included ONLY if specifically requested in the comment section below.

Certified – Fee **$10** each Quantity

Consists of:

☐
- Current vehicle record and cover letter
- Certification form as described in s.909.02

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

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.

- ☐ 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, redisclosed, 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.

X _____ _____

(Requester Signature) (Date Signed – m/d/yyyy)

DJ-LE-250 (Rev. 10/24)

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*
- ** ▶ X General Public $12.00*
- ☐ Nonprofit Org. $12.00*
- ☐ Public Defender (Fee Exempt)
  SPD # _____
- ☐ Police Certificate $20.00*

(Police Cert. must include fingerprint card)

Request Purpose – Check Only One
- X General Information
- ☐ Public Housing
- ☐ Caregiver – General (*Add $8 DHS Fee)
- ☐ Child Daycare – Caregiver (*Add $3 DHS Fee)
  Daycare search requires Facility # _____ or
  Certifying Agency # _____

☐ Request Certified Results

Payment Type – Check Only One
- ☐ Billing Account #
  _____
  (not available for Police Certificate)
- X Amount Enclosed
  $ _____

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: _____
FAX: _____
City, State, Zip: Waukesha, WI 53187-1627
E-mail: _____

FOR CIB USE ONLY

Special Processing Instructions:

_____

_____

_____

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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.