

## FORM SUMMARY

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**Name of Form:** Confidential Crime Victim(s) Information

**Form Number** CR-247

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**Statutory Reference:** §§302.113(9g)(g)3, 302.114(6)(e), 973.09(3m)(c), Wisconsin Statutes

**Benchbook Reference:**

**Purpose of Form:** To keep a crime victim's address, email, and phone number confidential.

**Who Completes It:** District Attorney's Office or the victim.

**Distribution of Form:** Court. The clerk shall maintain this form in a confidential manner. It will not be made available to any other parties in this action, their attorney or representatives, or the public. The clerk may share this form with Wisconsin Department of Corrections (DOC) staff for business purposes. It shall not be disseminated outside of DOC.

**Accompanying Forms:**

**New Form/Modification:** Added language indicating that the form may be shared with DOC staff for business purposes.

**Modifications:** Modified; last updated 09/24.

**Comments:** This form is intended to keep a victim's address and other contact information confidential. If the court needs the victim's contact information, it should be provided to the court using this form and the address and other contact information should not be publically displayed in court files. This form is not intended to keep a victim's name confidential. If parties wish to make a victim's name confidential, they will need to file a motion to seal or redact under §801.21, Wisconsin Statutes.

**About this Form:** This form is the product of the Wisconsin Records Management Committee, a committee of the Director of State Court's Office and a mandate of the Wisconsin Judicial Conference.

**If you have additional information that does not change the meaning of the form, attach it on a separate page. The form itself shall not be altered.**