STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

State of Wisconsin, Plaintiff
-vs-

_____
Defendant's Name

_____
Address

_____
Date of Birth

☐ Amended

Confidential Crime Victim(s) Information

Case No. _____
DOC No. _____

Victim Name	Complete Address	Email Address	Phone Number

☐ **See attached**

This address information is being provided as part of a
☐ new case filing; OR
☐ change of address.

_____
Signature of Person Completing the Form

_____
Agency (if applicable)

_____
Printed or Typed Name of Person Completing the Form

_____
Address

_____
Email Address Telephone Number

_____
Date State Bar No. (if any)

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(s) 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.

CONFIDENTIAL COURT RECORD