

OPEN RECORDS REQUESTS FOR POLICE REPORTS

Just print out the form located below, fill out and mail this form to:

**Oshkosh Police Department
Records Department
420 Jackson Street
PO Box 1130
Oshkosh, WI 54902-1130**

Juvenile Reports may be released to the following persons subject to departmental policy. To allow us to appropriately review your request, please check all of the following that apply. Documentation confirming the requestor's identification, as indicated in the next section, will be required prior to the release of information or records requested.

I am:

- _____ Biological Parent
- _____ Guardian named by court
- _____ Legal Custodian given legal custody of the child by court order
- _____ Husband who has consented to artificial insemination of wife
- _____ Parent by adoption
- _____ Non-marital biological father, where the child has not been adopted
- _____ Juvenile (14 yrs of age or older) - requesting ones own report
- _____ Victim of the juvenile's act (**for the sole purpose of recovering injury, damage or loss suffered as a result of the juveniles act**)
- _____ Victim's insurer (**when court ordered restitution has not been made within 1 year - for the sole purpose of investigating the claim**).
- _____ Insurance Company and/or representing Attorney - with a signed/written release from the Juvenile's parent, guardian, or legal custodian.

If you are a parent: My parental rights have / have not been terminated. (circle one)

Signature of Person requesting the Report _____

RETAIN PHOTOCOPIES OF ALL OPEN RECORDS REQUESTS.