

State of Wisconsin, Plaintiff  
-vs-

Amended

\_\_\_\_\_  
Defendant's Name

**Confidential Crime Victim(s)  
Information**

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Date of Birth

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 or representatives, or the public.

**CONFIDENTIAL COURT RECORD**