

Enter the name of the county in which you are filing this case.

**STATE OF WISCONSIN, CIRCUIT COURT,**  
\_\_\_\_\_ **COUNTY**

Enter the name of the **petitioner.**

**IN RE:**  
**Petitioner**

First name Middle name Last name

and

**Respondent**

First name Middle name Last name

**Disclosure of Sealed  
Identifying Information  
in a Child Custody  
Proceeding**

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

Enter the name of the **respondent.**

**Note:** Leave case number blank; the clerk will add this.

**UNDER OATH I STATE:**

This form is used in child custody proceedings with form GF-177. Enter the information you seek to withhold because of your belief that disclosure would jeopardize your health, safety, or liberty, or that of a minor child, such as: address, employer name and address, social security number, etc.

The identifying information about me or my minor children I am requesting to remain sealed because disclosure would jeopardize the health, safety, or liberty of myself or my minor children is as follows:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

See attached

**STOP!**  
**Take this document to a Notary Public BEFORE you sign it.**

After you have been sworn by a Notary Public, sign and print your name and date the document in front of the Notary Public.

State of \_\_\_\_\_  
County of \_\_\_\_\_  
Subscribed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Court Official

\_\_\_\_\_  
Name Printed or Typed

My commission/term expires: \_\_\_\_\_

This notarial act involved the use of communication technology.

▶ \_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address Telephone Number

\_\_\_\_\_  
Date State Bar No. (if any)

Have the Notary Public sign, date and seal the document.