Enter the name of the county in which this case is filed.	STATE OF WISCONSIN, CIRCUIT COURT,  COUNTY							
	Petitioner/Plaintiff:							
Enter the Petitioner/Plaintiff's full name.	First name	е	Middle name	Last name				
	Respondent/Defendant:							
Enter the Respondent/ Defendant's full name.	First name	е	Middle name	Last name			Motion to	
Enter the case number. This form is used for all case							Seal or Redact a Transcript	
types.  Some information may not apply to your case.						Cas	e No	
In #1, enter the section of the transcript that you wish to have sealed.	1		t that the followin	<u> </u>				
Use GF-243A to request redaction of Social Security, driver license, financial accounts, and other protected		Date	of Proceeding	Sections of	f the Transcript	Pag	e and Line Number	
numbers to the court.  In #2, describe the type of info you wish to have <u>redacted</u> . For example, "Petitioner's home	_							
address", date of the proceeding, and exact location of the information.	□ 2.				nation be redacted		•	
Note every place where the information appears. The court is not responsible for finding the information in other places.		Туре	of Information to	De <b>Redacted</b>	Date of Proce	eeaing	Page and Line Number	
Do NOT put the actual information to be redacted on this form.								
Use form GF-245 to provide the information to the court.								
In #4, if the court needs to consider certain facts to decide this motion, you should include a sworn affidavit setting out the information. Most circuit court records are open to the public. The court will not seal or redact records without a legal basis for the decision. You must cite statutes and case law that support your								
	3.	l am filin	ig form GF-245 to	provide the se	aled or redacted in	nformatio	n to the court.	
	4.	I am making this request based on the following law and facts:						
request.  In #5, if you are not a party or the attorney for a party, describe your relationship to	5. I am not an attorney or a party to this case. I am interested because:							
this case.	_							
Sign and print your name and date the document.	Si					Signature		
DISTRIBUTION:					Print or Type Name			
Court     Parties     Petitioner, if not a party		Relationship to Case						
4. Court Reporter						Date		