Request for Court Juvenile Records

_____

Name (person making request)

_____

Mailing Address City, State, Zip Telephone Number

_____

Case Number (one per request) Child's Name (one per request)

_____

What documents are being requested?

Please check the boxes that apply to you:

No court order required.
☐ Parent or Guardian of the above-named child
☐ **Current Attorney** Child, Ward, Youth, or Youth Offender
☐ **Current Attorney** for **Parent or Guardian** of Child, Ward, Youth, or Youth Offender
☐ Acting on behalf of Department of Human Services (DHS) or Department of Justice (DOJ)
☐ CASA or CASA Manager
☐ Acting on behalf of CRB– ORS 419A.102(a)
☐ **Current** Attorney for Guardian ad Litem for Parent
☐ **Current** Attorney for Intervenor
☐ Tribal Representative (ICWA)
☐ Acting on behalf of a Juvenile Department (County, State _____)
☐ Acting on behalf of the Oregon Youth Authority (OYA)
☐ Service Provider (Service and Agency Name _____)
☐ Prospective Attorney for Child, Ward, Youth, Youth Offender, or Parent or Guardian of
Court Order Required (Your request requires further action - See ORS 419A.258)
☐ Other (relationship to case): _____

If you are mailing in your records request, please sign this form in front of a notary public.

Signature: _____Date: _____

State of _____
County of _____

Signed (or attested) before me on _____ by _____.

_____
NOTARY PUBLIC/COURT CLERK

My Commission Expires: _____

Court staff use only:

☐ ID checked ☐ Records released:_____ Amount Paid $_____

☐ Court staff initials: _____ Date:_____