

## 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)

- ☐ 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: \_\_\_\_\_