REQUEST TO EXAMINE CHILD PROTECTION CASES

REVISED: January 2011

Date:_____

Name: _____
Organization (if any): _____
Address: Mail & Street:_____
City:_____
State: _____Zip:_____
Telephone:_____

Case Number (if known):_____
Name of the case (if known): _____

You are requesting to examine a file that is exempt from disclosure. Please explain why you would like to examine this file: _____
_____
_____
_____
_____
_____
_____

Please select the appropriate option:

[ ] I wish to know general information about this case, i.e. case number, next hearing date, name of the parties, status of the case, etc.
[ ] I wish to merely examine this record.
[ ] I wish copies of this record. $1.00 per page.
[ ] I wish to have my copies certified. $1.00 per document.
[ ] Other: _____
_____
_____
_____
_____

YOUR SIGNATURE_____

SUBCRIBED AND SWORN to before me this _____ day of _____, _____

_____
Notary Public for Idaho (or Deputy Clerk)
Residing at:_____
My Commission expires:_____

PART IV – Decision by Judge:

[ ] Approved _____

[ ] Denied _____

_____ _____
DATE JUDGE