Case No. _____

REQUEST
TO RELEASE
SEALED RECORDS

I, _____, request that sealed records in this
case be released to:

Myself; or

_____
(name of person to receive sealed records)

_____ .
(address of person to receive sealed records)

The release of sealed records at my request is allowed by Nebraska Revised
Statute

I request that the following documents from my case be released to the above-
named person:

The entire case file, or
The following document(s) (please be specific)

_____

_____

I am paying the cost of released copies.
Those copy(ies) authorized for release can be mailed to the
party at the address specified above.
Those copy(ies) authorized for release can be mailed to me at
the address specified in the signature block on the next page.
The person to whom the documents are released will pay for and
pick up the copies.

**Valid Identification will be required for release of records to the person
specified above.**

DO NOT SIGN UNTIL YOU ARE IN THE PRESENCE OF A NOTARY.

I hereby swear, or affirm, under penalty of perjury, that the above information is true.

Signature:_____ Date: _____

Printed name of defendant: _____

Street Address/P.O. Box:_____

City/State/ZIP Code:_____

Telephone Number:_____

*Email address: _____

*Nebraska Supreme Court Rule § 2-208 requires individuals who are not attorneys and representing themselves to provide their email address. The court will use the email address to send notices from the court about this case **except** for items that require another type of service as directed by statute or Nebraska Supreme Court Rule.

If you no longer have email capability or if your email or other contact information changes, you must complete a Change of Contact Information Form.

    By checking this box, I am letting the court know that I do not have the ability to receive emails. The reason I cannot receive email is:_____
_____

> If completed by an attorney:
> Bar Number: _____

VERIFICATION

State of_____)
) ss.
County of_____)

This document was acknowledged before me by_____,

this _____day of _____, 20_____.

_____ Notary commission expires: _____
Signature of Judge/Clerk of the Court/Notary Public

Title: _____ Serial Number (if any): _____