

COMPLETING A DEFENDANT'S/JUVENILE'S REQUEST TO RELEASE SEALED RECORDS

Use this form to ask the court to release your records that have been sealed.
You may ask for the records to be released to you or to someone else.

NOTE: if you ask for someone else to get the records, they will have to provide valid identification before the records can be released to them.

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Choose the court and the county using the drop-down lists.

Enter the name of the defendant (for a juvenile court case there will be a space for the juvenile's name).

Check the box for who will receive the records.
If it is not you, include their name and address.

Check the box in front of what type of case this is. What box is checked will change what is included in the title area.

Enter the case number.

Enter defendant's or juvenile's name.

Nebraska State Court Form
DC 1:12 Rev. 03/2022
§ 29-3523(1)(c)

Type of Case - Check only one: ☒ County or District Court ☐ Juvenile Court
The items in this box will not print on your form

IN THE _____ COURT OF _____ COUNTY, NEBRASKA
Choose the court Choose the court

STATE OF NEBRASKA
Plaintiff

vs. _____ Case No. _____
Defendant

**DEFENDANT'S 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 § 29-3523(1)(c).

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.

Check all boxes that apply for what records are to be included, how they should be delivered, and who will pay for the copies.

DO NOT Sign and date the form until a notary is there to witness. Enter your printed name, your address, telephone number, and your email address.

Read this statement carefully.

If you **CANNOT** receive emails, check the box, and use the lines to explain why you can't.

If completed by an attorney, enter your Bar Number.

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 _____)
County of _____) ss.

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): _____

The notary will complete this section WHEN they witness you signing the form.