

INSTRUCTIONS FOR COMPLETING DEFENDANT'S/JUVENILES REQUEST TO RELEASE SEALED RECORDS

HEADING

- a. Choose the type of court (County or District) from the drop down box below the first blank.
 1. This is the county where the sealed record you want released can be found.
- b. Choose the county in the drop down box below the second blank.

a. IN THE _____ COURT b. _____ COUNTY, NEBRASKA
Choose the court (County, District, or Juvenile) Choose the county (county where original petition filed)

- c. Check the box next to what kind of case this is.

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

NOTE: These check boxes and names will NOT print on your completed form.

- d. In County or District Court Cases: Enter your first, middle, and last names. You are the defendant.
- e. In Juvenile Cases: Enter your first, middle and last names. You are the juvenile.

STATE OF NEBRASKA Plaintiff IN THE INTEREST OF
d. vs. e. _____
Defendant Juvenile

- f. Enter the case number of the case in which you are requesting the sealed records to be released.

f. Case No. _____

BODY OF THE REQUEST

- g. In the blank following "I" enter your name.

g. I, _____, request that sealed records in this case

- h. Check the box of who the copies are to be released to.

h. Myself; or

(name of person to receive sealed records)

(address of person to receive sealed records)

- If you check the box for someone else to get the copies, provide their name and address. NOTE: if that other person is going to pick up the copies, they will have to provide valid identification before the records can be released to them.

i. Check the box for either the "entire case file" or "following documents."

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

o If you check for just some of the documents, be specific about what you are asking for. You can list them on the lines provided.

j. Check the box for who is paying for the copies.

1. If you are paying, check the box indicating who you are authorizing the copies to be sent to.

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.

FINAL SIGNATURE

DO NOT SIGN UNTIL YOU ARE BEFORE A NOTARY PUBLIC.

k. Enter the date.

l. Print your name.

m. Enter your street address or P.O. Box.

n. If this form is being completed by an attorney, enter the firm name and bar number.

o. Enter the city, state, and zip code of your address.

p. Enter your telephone number with area code.

q. Enter your email address (if any).

Signature	Date
<input type="text"/>	<input type="text"/>
Name	Street Address/P.O. Box
<input type="text"/>	<input type="text"/>
Bar Number and Firm Name (attorneys only)	City/State/ZIP Code
<input type="text"/>	<input type="text"/>
Phone	E-mail Address
<input type="text"/>	<input type="text"/>

The notary public will fill out the date at the end of the Affidavit and will sign his or her name in the last blank.