

CONASAUGA JUDICIAL CIRCUIT
MURRAY AND WHITFIELD COUNTIES
JUVENILE COURT

REQUEST TO VIEW OR COPY RECORDS

I/we, the undersigned, do hereby officially request to view certain records of the Juvenile Court as follows:

Child's Name

I/we are entitled to view said record(s) by virtue of one of the following:

I/we are the biological parent(s) of the child, or the child's legal custodian _____ (initial here if applicable). NOTE: Step-parents are not entitled to view records. ALSO NOTE: Legal custodians must show proof of their status as custodian.

I am the attorney for the child _____ (initial here).

I am the attorney for the parent _____ (initial here).

I wish to view the legitimization petition only: _____ (initial here).

I am the district attorney, or an assistant district attorney and intend to use said record in a subsequent juvenile or criminal proceeding in a court of record _____ (initial here).

Date: _____

Signature of person requesting record

Initial of clerical staff providing record