

In the Court of Common Pleas, Lucas County, Ohio

Juvenile Division  
1801 Spielbusch Avenue  
Toledo, Ohio 43604

**REQUEST FOR INFORMATION AND RECORD ACCESS**

Date: \_\_\_\_\_

Case Number(s): \_\_\_\_\_

Juvenile's Name(s): \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Father's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Case Type: ☐ Delinquency/Unruly ☐ Parentage ☐ Traffic ☐ Custody  
☐ Contributing ☐ Support ☐ Dependency, Neglect, Abuse

Your Relationship to the Case: \_\_\_\_\_

Information Requested (be as specific as possible): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If approved, how would you like the documents delivered to you? ☐ In Person Pick Up ☐ Email ☐ Fax  
☐ Regular Mail (*postage/mailing costs may apply*)

Requestor's/Your -

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Attorney of Record -

Name: \_\_\_\_\_ Supreme Court ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**\*\*ALL JUVENILE COURT RECORDS ARE NOT AUTOMATICALLY PUBLIC RECORDS\*\***

**For Juvenile Court Use Only:**

☐ Approved ☐ Denied By: \_\_\_\_\_ Dated: \_\_\_\_\_

☐ See Attached Records ☐ See Attached Letter

\_\_\_\_\_

\_\_\_\_\_

**Requestor Notified by:** ☐ Phone ☐ Regular Mail ☐ Email ☐ Fax

**To the Clerk:** ☐ Docket on Case Number Noted Above ☐ Send Records as Stated Above

☐ Allow In-Person Review/Pick-Up as Noted Above