

RECORDS/TRANSCRIPT REQUEST FORM

IN THE JUVENILE COURT OF FORSYTH COUNTY STATE OF GEORGIA

IN THE INTEREST OF: _____ (initials only)

MINOR CHILD(REN) UNDER THE AGE OF 18 YEARS

JUVENILE CASE NUMBER(S): _____

REQUEST FOR RELEASE OF RECORDS OF JUVENILE PROCEEDINGS

Pursuant to O.C.G.A § 15-11-704, _____ (Name of Person Requesting Recording/Transcript) respectfully requests that a digital recording or an official written transcript of the proceedings held in Juvenile Court of Forsyth County on _____, in the above styled case(s) be released for the following reason(s): _____.

Please circle one: digital recording OR official written transcript

If retained attorney, you must provide the USB drive for the digital recording.

Name of person or agency paying for the transcript(s): _____

Respectfully submitted this _____ day of _____, 20 _____.

Print name:

Telephone Number

Email Address

ORDER

WHEREFORE, it appears records of this proceeding have been requested pursuant of O.C.G.A. § 15-11-704, and the Court having found sufficient grounds, this Court hereby orders the release of requested records to _____.

SO ORDERED, this _____ day of _____, 20 _____.

[] Christopher W. Willis, Presiding Judge
[] Heather N. Dunn, Judge
Forsyth County Juvenile Court
Bell-Forsyth Judicial Circuit