

State of Minnesota

District Court

County

Judicial District: _____

Court File Number: _____

Case Type: Juvenile

In the Matter of the Welfare of the Child(ren) of:

**Confidential Document Cover Sheet
(Form 11.3)**

Parent(s) Legal Custodian(s)

Minn. R. Juv. Prot. P. 8.04, subd. 5

This Confidential Document Cover Sheet is accessible to the public. The documents referenced in this Cover Sheet are not accessible to the public except by court order. This Cover Sheet must be filed separately from the referenced document(s).

INSTRUCTIONS: Check the boxes that apply. Do not use this Cover Sheet for documents that are not listed on this form.

- Official transcripts of testimony taken during portions of proceedings that are closed by the presiding judge
- Audio or video recordings of a child alleging or describing physical abuse, sexual abuse, or neglect of any child
- Victims' statements
- Medical records (such as medical bills, lab results, or any document that refers to HIV)
- Chemical dependency evaluations and records
- Psychological evaluations and records
- Psychiatric evaluations and records
- Sexual offender treatment program reports
- Photographs or portions of photographs that identify a child
- Notice of change of foster care placement
- Notice of pending court proceedings provided by the petitioner pursuant to the Indian Child Welfare Act, 25 U.S.C. § 1912, and any response to that notice from an Indian tribe or the Bureau of Indian Affairs as to whether the child is eligible for tribal membership, including documents such as family ancestry charts, genograms, and tribal membership information

- Document signature page with a confidential name, such as a foster parent or minor victim of sexual assault
- Documents provided to the court to give notice of a hearing for a child under state guardianship pursuant to Rule 27.07, subd. 2.
- Records or portions of records which a judicial officer ordered on _____ (*date*) be inaccessible to the public because of an exceptional circumstance

Filed by:

Name: _____

Signed: _____

Attorney Reg. #: (if attorney) _____

Firm/Agency Name: _____

Address: _____

City/State/Zip Code: _____

E-mail address: _____

Date: _____