

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF

Amended

Name

**Notice of Rights for
Emergency Protective Placement**

Date of Birth

Case No. _____

I am the director director's designee of the facility at which the individual is detained.

You have been detained for emergency protective placement.

You are notified that you have the right to

- contact an attorney.
- contact a member of your immediate family.
- have an attorney provided at public expense or retain an attorney of your own choosing at your own expense.

There will be a hearing to establish whether there is probable cause for protective placement and whether the emergency placement shall continue on a temporary basis. You will be notified of the time and place of the hearing to establish probable cause for protective placement. This hearing must be held **within 72 hours** of your detention, excluding Saturdays, Sundays and legal holidays.

Along with this Notice of Rights, I am providing you with a copy of the Statement of Emergency Protective Placement and a copy of the Petition for

- Protective Placement (ward currently under guardianship).
- Guardianship and Petition for Protective Placement.
- Protective Placement (minor alleged to be developmentally disabled).

I provided you this Notice of Rights both orally and in writing on [Date] _____ at [Time] _____ a.m. p.m.

DISTRIBUTION:

1. Court
2. Petitioner/Individual/Ward
3. Individual/Ward's Guardian
4. Individual/Ward's Legal Counsel
5. Guardian ad litem
6. Individual/Ward's agent under Power of Attorney for Health Care
7. Presumptive Adult Heirs
8. Facility in which the Individual/Ward resides/Physical Custodian
9. County Department of Individual/Ward's county of residence under §55.18(1)(a)
10. County Department of Individual/Ward's placement under §55.18(1m)
11. Other: _____

Signature of Director of Facility or Designee

Name Printed or Typed

Name of Facility

Facility's Address

Email Address

Telephone Number

Date

State Bar No. (if any)