

FORM SUMMARY

Name of Form: Notice of Transfer of Protective Placement

Form Number: GN-4340

Statutory Reference: §55.15(5), Wisconsin Statutes

Benchbook Reference: GA-3

Purpose of Form: Notice of transfer and placement of individual under order for protective placement.

Who Completes It: Guardian, county department, Wisconsin Dept. of Health Services, or protective placement facility.

Distribution of Form: Court; Individual/Ward; Individual/Ward's Guardian; Corporation Counsel; Individual/Ward's Legal Counsel; Guardian ad litem; Individual/Ward's agent under Power of Attorney for Health Care; Facility in which the Individual resides and County Department of Human Services/Social Worker.

Accompanying Forms:

New Form/Modification: Modified; last update 05/18.

Modifications: Pursuant to 2019 WI Act 30, added party/attorney address, email address and telephone number.

Comments:

About this Form: This form is the product of the Wisconsin Records Management Committee, a committee of the Director of State Court's Office and a mandate of the Wisconsin Judicial Conference.

If you have additional information that does not change the meaning of the form, attach it on a separate page. The form itself shall not be altered.