

IN THE MATTER OF

Amended

Name

**Petition to Modify
Protective Placement or
Protective Services**

Date of Birth

Case No. _____

UNDER OATH, I STATE:

1. I am interested as
 - the ward under protective placement or receiving protective services.
 - the ward's guardian.
 - the ward's legal counsel or guardian ad litem.
 - the Wisconsin Department of Health Services.
 - the county department that placed the ward or provided the protective services under a court order.
 - an agency with which the county department contracts under §55.02(2), Wis. Stats.
 - an interested person: _____

2. There has has not been a hearing held within the **previous 6 months** on a court ordered protective placement for the ward or on a Petition for court ordered protective services or transfer of protective placement with respect to the ward.

MODIFICATION OF ORDER FOR PROTECTIVE PLACEMENT

3. The ward is currently placed at
 - Name of facility _____
 - Address of facility _____
 - Name of Contact Person _____
 - Phone Number of Contact Person _____

4. The protective placement
 - is not in the least restrictive environment** because protective placement:
 - is not the least restrictive environment and the least restrictive manner that is consistent with the needs of the ward and with the resources of the county department.
 - is not consistent with the factors required to be considered by the county department in providing protective placement.
 - is not consistent with the required funding that the county is required to provide.
 - in a facility with a higher level of restrictiveness would be:
 - in the least restrictive environment and the least restrictive manner that is consistent with the needs of the ward and with the resources of the county department.
 - consistent with the factors required to be considered by the county department in providing protective placement.
 - consistent with the required funding that the county is required to provide.
 - in a different facility with the same level of restrictiveness as the current placement would be more:
 - consistent with the factors required to be considered by the county department in providing protective placement.
 - consistent with the required funding that the county is required to provide for reasons unrelated to the level of restrictiveness.

5. The specific facts underlying the request for modification are as follows: **See attached**

MODIFICATION OF ORDER FOR PROTECTIVE SERVICES

- 6. Protective services (other than involuntary administration of psychotropic medication) are not being provided in the least restrictive environment or manner because protective services:
 - are not in the least restrictive environment and the least restrictive manner that is consistent with the needs of the ward and with the resources of the county department.
 - are not consistent with the factors required to be considered by the county department in providing protective services.
 - are not consistent with the required funding that the county is required to provide.
- 7. Modification of the order or treatment plan for involuntary administration of psychotropic medication for the ward would be in his or her best interests.
- 8. The specific facts underlying the request for modification are as follows: **See attached**

I REQUEST THE COURT:

- 1. Order a hearing on this Petition.
- 2. Make appropriate findings as requested above.
- 3. Order modification of the protective placement for the ward that is consistent with the requirements for providing protective placement.
- 4. Order modification of the protective services for the ward that is consistent with the requirements for providing protective services.
- 5. Order modification of the order or treatment plan for involuntary administration of psychotropic medication for the ward that is consistent with the requirements for providing protective services.
- 6. Award appropriate fees and costs.
- 7. Other: _____

State of _____

County of _____

Subscribed and sworn to before me on _____

Notary Public/Court Official

Name Printed or Typed

Petitioner

Name Printed or Typed

Address

My commission/term expires: _____

Email Address Telephone Number

This notarial act involved the use of communication technology.

Date State Bar No. (if any)

DISTRIBUTION:

- 1. Court
- 2. Individual/Ward
- 3. Individual/Ward's Guardian
- 4. Corporation Counsel
- 5. Individual/Ward's Legal Counsel
- 6. Guardian ad litem
- 7. Individual/Ward's Agent under Power of Attorney for Health Care
- 8. Facility in which the Individual resides
- 9. County Department of Human Services/Case Worker