| STAT | E OF WISCONSIN, CIRCUIT COURT | ,cou | NTY | | | | |
|----------|---|--|------------------------------|--|--|--|--|
| IN TH | IE INTEREST OF | ☐ Amended Petition for | | | | | |
| a persoi | n under the age of 18 | Appointment of Guard (§48.977, Wis. Stats.) |) | | | | |
| Date of | Birth | Indian Child Welfare A | act | | | | |
| | | Case No | | | | | |
| STA | TE ON INFORMATION AND BELIEF: | | | | | | |
| 1. | Child's Address | | | | | | |
| | Child has previously been adopted? Yes No | | | | | | |
| | Mother's Name and Address | ☐ Mother is deceased | | | | | |
| | Mother's Date of Birth | Mother's Place of Birth | Mother's Tribal Affiliation: | | | | |
| | Father's Name and Address | ☐ Father is deceased | | | | | |
| | Father's Date of Birth | Father's Place of Birth | Father's Tribal Affiliation: | | | | |
| | Other known information in regard to tribal affiliation or enrollment, including all potential tribes that the child/juvenile may be a member and aliases or enrollment numbers of parents, grandparents, or other direct lineal ancestors: | | | | | | |
| | Guardian's Name and Address | | | | | | |
| | Legal Custodian's Name and Address | | | | | | |
| | Indian Custodian's Name and Address | | | | | | |
| | Is an interpreter needed? No Yes Language(s) Party Name(s) Party Name(s) | | | | | | |
| 2. | The appointment of a guardian is being requested for a child in need of protection or services. As the petitioner, I am interested as: | | | | | | |
| 3. | The person or agency nominated as the guardian of the child is | | | | | | |
| | Date of Birth: | | | | | | |
| | Address:Phone: | | | | | | |
| 4. | | | | | | | |
| 5. | ☐ Placement has been made in accordance with the order of preference set forth in the federal Indian Child Welfare Act. OR | | | | | | |
| | There is good cause to depart from the order of placement preference in the federal Indian Child Welfare Act. | | | | | | |
| 6. | The facts and circumstances which establish that the conditions specified under §48.977(2)(b)-(f), Wis. Stats. met are: | | | | | | |
| 7. | The child was adjudicated in need of | protection or services under § | , Wis. Stats., on | | | | |
| | [Date] and has be to one or more court orders under § | en placed, or continued in a placement | 147. | | | | |

| | A. | The person representing the interest | ts of the public under §48 | .09, Wis. Stats., is | | |
|--|---|--|--|---|--|--|
| | В. | The agency primarily responsible for | providing services to the | e child under a court order is | | |
| □ 8. | subsi | The department or county department has determined that the proposed guardian is eligible to receive monthly subsidized guardianship payments under §48.623(1), Wis. Stats., and it is requested that the court confirm those determinations. Attach department eligibility statement. | | | | |
| | The person nominated as the successor guardian of the child is | | | | | |
| | P | ddress: hone: | | | | |
| 9. | . The Uniform Child Custody Jurisdiction and Enforcement Act Affidavit (GF-150) is attached to this Petition. | | | | | |
| by regidentit at least l | gistered by or lo st 15 d also p guard , case | cation of the Indian child's parent, Ind ays before the date of the hearing to rovide notice of the hearing and a coplian, legal custodian, and guardian ad | ust be received at least 1 lian custodian, or tribe can the U.S. Secretary of the py of this petition to the classified litem / adversary counse ominated as a successor | O days before the date of the hearing. If the nnot be determined, notice shall be provided Interior. Proof of registered mail is required. hild (if 12 years of age or older), the el, person representing the interests of the guardian at least 7 days before the date of | | |
| I request that [Name] | | k | be appointed guardian of the child. | | | |
| 1. Cour 2. Child 3. Child 4. Pare 5. Pare 6. Child 7. Distri 8. Case 9. Prop 10. Pro 11. Trib | I – if 12 g i's Guard nts nts' Atto i's Guard ict Attorn eworker osed Gu posed S | years or older dian ad Litem/Adversary Counsel rney(s) dian/Legal Custodian ney/Corporation Counsel uardian uccessor Guardian | Email Address Date | Petitioner's Signature Name Printed or Typed Address Telephone Number State Bar No. (if any) | | |