

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF

Amended

Name _____

**Petition for Annual Review
of Protective Placement**

Date of Birth _____

Case No. _____

UNDER OATH, I STATE:

1. I am a representative of the county department of the ward's county of residence.
2. The ward resides at
Address: _____
Name of facility and contact person and phone number (if any)
Facility Name: _____
Contact Person Name: _____
Contact Person phone number: _____

Guardian(s) name: _____
Guardian(s) Phone number(s): _____
3. The county department's annual report of the review of the status of this ward was filed or will be filed. A copy of this report was provided to the ward, guardian of the ward and the ward's agent under any activated Power of Attorney for Health Care.
4. This ward has developmental disabilities and is currently protectively placed in an intermediate facility or nursing facility. The plan for providing home or community-based care in a non-institutionalized community setting, intermediate facility or nursing facility which would be the most integrated setting appropriate to the needs of this ward was filed or will be filed. A copy of this plan shall be sent to the ward's guardian.

I REQUEST THE COURT:

1. Review the status of the protective placement of the ward.
2. Other: _____

State of _____

County of _____

Subscribed and sworn to before me on _____

Notary Public/Court Official

Name Printed or Typed

My commission/term expires: _____

Petitioner

Name Printed or Typed

Address

Date

DISTRIBUTION:

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