

IN THE MATTER OF

Amended

Name \_\_\_\_\_

**Notice of Transfer  
of Protective Placement**

Date of Birth \_\_\_\_\_

Case No. \_\_\_\_\_

- 1. The placement of the ward is being transferred by
  - guardian.
  - county department or agency with which it contracts.
  - the Wisconsin Department of Health Services.
  - protective placement facility.

- 2. This transfer is being made
  - between protective placement units.
  - between protective placement facilities.
  - from a protective placement unit to a medical facility.

**This is not a transfer to any facility for which commitment procedures are required under Chapter 51, Wisconsin Statutes.**

3. **NON-EMERGENCY TRANSFER.**

This Notice of Transfer is being provided for a non-emergency transfer **10 days prior to the transfer** to the court and to each of the persons and entities specified above who did not initiate the transfer. ***The guardian will provide written consent prior to the transfer.*** The county department will provide written consent prior to the transfer if this transfer is to a facility that is more costly to the county.

- The ward under a protective placement, the ward's attorney, if any, or other interested person has the right to petition the court for a hearing on the transfer.

4. **EMERGENCY TRANSFER.**

An emergency has made it impossible to provide prior notice or obtain prior written consent of the guardian. This Notice of Transfer is being provided for an emergency transfer **immediately upon transfer** to each of the persons and entities specified above who did not initiate the transfer, and to the court that ordered the protective placement within a reasonable time, **not to exceed 48 hours** from the time of transfer.

- The ward under a protective placement, the ward's guardian, the ward's attorney, if any, or any other interested person has the right to file a petition with the court objecting to the emergency transfer.

5. This transfer will occur or has occurred at [Time] \_\_\_\_\_  a.m.  p.m. on [Date] \_\_\_\_\_, 20\_\_\_\_.

<b>TRANSFER FROM:</b> (Placement unit Name, address, telephone number)	<b>TRANSFER TO:</b> (Placement unit Name, address, telephone number)

**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/Social Worker

\_\_\_\_\_  
Person or Entity Representative initiating transfer

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Date