

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____.

TRANSFER FROM: (Placement unit Name, address, telephone number)	TRANSFER TO: (Placement unit Name, address, telephone number)
---	---

Person or Entity Representative initiating transfer

Name Printed or Typed

Address

Email Address

Telephone Number

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/Social Worker