

**FORM SUMMARY**

---

**Name of Form:** Notice of Transfer of Protective Placement

**Form Number:** GN-4340

---

**Statutory Reference:** §55.15(5), Wisconsin Statutes

**Benchbook Reference:** GA-3

**Purpose of Form:** Notice of transfer and placement of individual under order for protective placement.

**Who Completes It:** Guardian, county department, Wisconsin Dept. of Health Services, or protective placement facility.

**Distribution of Form:** Court; Individual/Ward; Individual/Ward's Guardian; Corporation Counsel; Individual/Ward's Legal Counsel; Guardian ad litem; Individual/Ward's agent under Power of Attorney for Health Care; Facility in which the Individual resides and County Department of Human Services/Social Worker.

**Accompanying Forms:**

**New Form/Modification:** Modified; last update 04/08.

**Modifications:** Changed individual to ward. Added Distribution list.

**Comments:**

**About this Form:** This form is the product of the Wisconsin Records Management Committee, a committee of the Director of State Court's Office and a mandate of the Wisconsin Judicial Conference.

**If you have additional information that does not change the meaning of the form, attach it on a separate page. The form itself shall not be altered.**