

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF

Amended

Name _____

**Petition Objecting to Transfer of
Protective Placement**

Date of Birth _____

Case No. _____

UNDER OATH, I STATE:

1. I am the
 ward under protective placement.
 ward's guardian.
 ward's attorney.
 other interested person: _____
2. I object to the transfer because the
 transfer is to a unit for the acutely mentally ill.
 transfer is to a locked unit without a specific finding from the court as to the need.
 ward has developmental disabilities and the transfer is to an intermediate facility or nursing facility without development of a Community Plan or a Community Plan being furnished to the county department or agency and to the ward's guardian.
 transfer is not to the least restrictive environment or in the least restrictive manner consistent with the needs of the ward under protective placement or the resources of the county department, including the limits of available state and federal funds, and county funds required to be appropriated to match state funds.
 transfer is to an intermediate facility or nursing facility that is not in the most integrated setting that enables the ward to interact with persons without developmental disabilities to the fullest extent possible.
 protective placement is not in the best interest of the ward under protective placement.
 Other: _____ **See attached**
3. I request the court appoint a guardian ad litem and conduct a hearing **within 10 days** after the filing of this Petition to determine whether to approve the proposed transfer or emergency transfer.

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. 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