

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF

Amended

Name

**Order and Notice for Hearing on Petition Objecting
to Transfer of Protective Placement**

Date of Birth

Case No. _____

A Petition Objecting to Transfer of Protective Placement has been filed by [Name] _____.
A hearing must be held **within 10 days** of the filing date of the Petition.

THE COURT ORDERS:

The Petition be heard before:

NOTICE OF HEARING		
Date	Time	Location (Include Room Number)
Court Official		

If you require reasonable accommodations due to a disability to participate in the court process, please call _____
prior to the scheduled court date. Please note that the court does not provide transportation.

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