

IN THE INTEREST OF

\_\_\_\_\_  
Name

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

**Request to  
Change Placement /  
Revise Dispositional Order  
Indian Child Welfare Act**

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

**I REQUEST THE COURT:** *(Check all that apply in 3-4)*

1. I am interested as  Caseworker  District Attorney/Corporation Counsel  Guardian ad Litem  
 Child/Juvenile or Counsel  Parent  Expectant Mother  Indian Custodian  
 Other: \_\_\_\_\_

2. **Change the Placement of the child/juvenile.**

- A. The child/juvenile is currently under a  temporary physical custody order.  dispositional order.  
 B. This request to change placement is  
 in-home to out-of-home. *This also applies after an Emergency Change in Placement Hearing.*  
 out-of-home to out-of-home.  
 out-of-home to in-home.  
 in-home to in-home.  
 C. Name and address of proposed placement: \_\_\_\_\_  
 D. Date of proposed change in placement: \_\_\_\_\_  
 E. Describe the reasons for the new placement, why it is preferable, and how it satisfies any treatment plan or permanency plan.  **See attached**

F. The proposed change in placement would move the child/juvenile from in the home to a placement outside of the home.

- 1) Continued custody of the child/juvenile by the parent or Indian custodian  is  is not likely to result in serious emotional or physical damage to the child/juvenile.  
 \_\_\_\_\_  
 2) Active efforts  were  were not made to provide remedial services and rehabilitation programs designed to prevent the breakup of the Indian family.  
 \_\_\_\_\_  
 **See attached Statement of Active Efforts (IW-1609)**  
 3)  Placement has been made in accordance with the order of preference set forth in the Indian Child Welfare Act. OR  
 There is good cause to depart from the order of placement preference in the Indian Child Welfare Act. \_\_\_\_\_  
 4) Placement in the home at this time is contrary to the welfare of the child/juvenile because:  
 \_\_\_\_\_  
 5) Reasonable efforts to prevent removal were *(Complete one of the following)*  
 made by the department or agency responsible for providing services as follows:  
 \_\_\_\_\_  
 \_\_\_\_\_

made by the department or agency responsible for providing services, although an emergency situation resulted in immediate removal of the child/juvenile from the home as follows:

\_\_\_\_\_  
\_\_\_\_\_

not required under §48.355(2d) or §938.355(2d), Wis. Stats.,

\_\_\_\_\_  
\_\_\_\_\_

G. The proposed placement is certified as a Qualified Residential Treatment Program. The standardized assessment and recommendation by a qualified individual

are attached

will be submitted by: \_\_\_\_\_. [No later than 30 days from date of filing of this request]

H. I request the court schedule a Change in Placement Hearing.

3. **Revise the Dispositional Order.**

A. The proposed revisions are:

**See attached**

\_\_\_\_\_  
\_\_\_\_\_

B. The following new information is available that affects the Dispositional Order:

**See attached**

\_\_\_\_\_  
\_\_\_\_\_

C. I request the court

revise the Dispositional Order based upon the written waivers of objection signed by all parties entitled to receive notice.

schedule a Revision Hearing.

4. **A party's address has changed.**

A Notice of Change of Address (JD-1830) has been or will be filed separately.

DISTRIBUTION:

1. Court
2. Child/Juvenile
3. Child/Juvenile's Guardian ad Litem/Adversary Counsel
4. Parents
5. Parents' Attorney(s)
6. Child's Guardian/Legal Custodian
7. Relative or Like-Kin Caregiver/Foster Parent
8. District Attorney/Corporation Counsel
9. Caseworker
10. Court Appointed Special Advocate (CASA)



Signature

Name Printed or Typed

Address

Email Address

Telephone Number

Date

State Bar No. (if any)