

IN THE INTEREST OF

**Temporary Physical Custody Request  
(Chapter 48)**

Name \_\_\_\_\_

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

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

Referring Agency Case Number

Intake Case Number

Requesting Agency Complete	Child's/Expectant Mother's Name [Last, First, Middle]		<input type="checkbox"/> African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Unknown <input type="checkbox"/> Other		
	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female		If American Indian or Alaskan Native, list tribe:  <i>If an Indian child, use the Indian Child Welfare Act version (IW-1608) form.</i>	
	Child's/Expectant Mother's Address				
	Telephone Number	Why was child/expectant mother taken into custody? (§§48.19, 48.193 or 48.195, Wis. Stats.)			
	County of Residence	<input type="checkbox"/> Warrant/capias <input type="checkbox"/> Child suffering from illness, injury or other danger <input type="checkbox"/> Order by judge <input type="checkbox"/> Violation of terms of court-ordered supervision <input type="checkbox"/> Runaway <input type="checkbox"/> Violation of conditions of temporary custody order <input type="checkbox"/> Relinquishment <input type="checkbox"/> Serious health risk to unborn child			
	Parent 1's Name and Address		Date of Birth	Home Telephone Number	Work Telephone Number
	Legal Status: <input type="checkbox"/> Birth <input type="checkbox"/> Adjudicated/Adoptive <input type="checkbox"/> Presumed <input type="checkbox"/> Alleged <input type="checkbox"/> Unknown				
	Parent 2's Name and Address		Date of Birth	Home Telephone Number	Work Telephone Number
	Legal Status: <input type="checkbox"/> Birth <input type="checkbox"/> Adjudicated/Adoptive <input type="checkbox"/> Presumed <input type="checkbox"/> Alleged <input type="checkbox"/> Unknown				
	Legal Guardian's Name and Address		Date of Birth	Home Telephone Number	Work Telephone Number
Date and Time Taken Into Custody		Taken Into Custody By		Agency	
The parents notified by referring party? <input type="checkbox"/> Yes [Date and Time] <input type="checkbox"/> No					
Additional information on notice:					
Why was child/expectant mother not released?					
Supporting facts of reason why child/expectant mother was taken into physical custody (§48.20(3), Wis. Stats.):					
<input type="checkbox"/> See attachment (JC-1609 Temporary Physical Custody Request Supplement)					
Copy provided to child/expectant mother, if age 12 or over: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Intake Worker Complete	Was child (12 years or older) or expectant mother notified of right to counsel? (§48.20(7)(a) or §48.203(6)(a), Wis. Stats.)				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Were notice of custody decision and hearing rights provided? (§48.20(8), Wis. Stats.)		If no, what ongoing efforts have been made to notify?		
Parent 1: <input type="checkbox"/> Yes, Date and Time: _____					
<input type="checkbox"/> No					
Parent 2: <input type="checkbox"/> Yes, Date and Time: _____					
<input type="checkbox"/> No					
Child (12 years or older) or expectant mother:					
<input type="checkbox"/> Yes, Date and Time: _____					
<input type="checkbox"/> No					

**Jurisdictional Basis:**

- 1. No Jurisdiction.
- 2. CHIPS: §48.13 \_\_\_\_\_
- 3. UCHIPS: §48.133

**Custody Criteria: (§48.205, Wis. Stats.)**

- 1. Child/Expectant mother will:  cause injury to self.  be subject to injury by others.  run away or be taken away so as to be unavailable for further court proceedings.  cause serious health risk to unborn child (*UCHIPS only*).
- 2. Parent, guardian, legal custodian or other responsible adult is:  neglecting  refusing  unable  unavailable to provide adequate supervision and care.

**Placement Decision:**

- 1. Child/Expectant Mother released.
- 2. Nonsecure custody: (§48.207, Wis. Stats.)
  - a. At the home of a  parent.  relative.  guardian.  person not a relative.
  - b. At licensed foster home, treatment foster home, or group home.
  - c. At non-secure facility operated by a licensed child welfare agency.
  - d. At licensed private or public shelter care facility (including holdover room).
  - e. At hospital or physician's office if the child/expectant mother is believed to be suffering from a serious physical condition which requires either prompt diagnosis or prompt treatment.
  - f. At licensed treatment facility approved by the county as the child/expectant mother is believed to have a mental illness or developmental disability or to be drug dependent and exhibits conduct that constitutes a substantial probability of physical harm to the child/expectant mother or to others, or a very substantial probability of physical impairment or injury to the child/expectant mother exists due to the impaired judgment of the child/expectant mother.
  - g. At approved public treatment facility for emergency treatment as the child/expectant mother is believed to be an intoxicated person who has threatened, attempted or inflicted physical harm on himself or herself or on another and is likely to inflict such physical harm unless committed, or is incapacitated by alcohol.
  - h. At the county children's home.
  - i. At a licensed community-based residential facility (*UCHIPS only*).
  - j. At home of friend of the adult expectant mother (*UCHIPS only*).
- 3. Secure custody because: (§48.208, Wis. Stats.)
  - a. A protective order has been issued and the child consents in writing to the placement.
  - b. Child has run away or committed a delinquent act while in nonsecure custody.
- 4. This is a secure custody placement in a jail because: (§48.209, Wis. Stats.)
  - a. No other approved juvenile detention facility is available.
  - b. Child is a substantial risk of physical harm to others in a juvenile detention facility.

Intake Worker Complete

Placement in the home is contrary to the welfare of the child/expectant mother, due to:

- See attachment (JC-1609 Temporary Physical Custody Request Supplement)

Efforts made to prevent removal and return the child safely to the home include:

- See attachment (JC-1609 Temporary Physical Custody Request Supplement)

Name of Placement  Not disclosed to parent due to imminent danger

Address

Telephone Number

Special precautions/information concerning child/expectant mother/family			
Signature of Intake Worker	Date and Time Custody Authorized	Date and Time of Custody Hearing	Date and Time of Release