

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

IN THE INTEREST OF

☐ Amended

Name \_\_\_\_\_

**Petition for Protection or Services  
(Chapter 48)**

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

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

I state on information and belief that the following is true: [if unknown or cannot be ascertained, so state]

1. <b>Child's</b> Street and City Address	Child's Date of Birth	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Race	Height	Weight	Hair Color	Eye Color
Child has previously been adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Parent 1's</b> Name and Address <input type="checkbox"/> See attached for additional parties  Legal Status: <input type="checkbox"/> Birth <input type="checkbox"/> Adjudicated <input type="checkbox"/> Adoptive <input type="checkbox"/> Marital <input type="checkbox"/> Alleged <input type="checkbox"/> Unknown					Parent 1's Date of Birth <input type="checkbox"/> deceased		
					Parent 1's Phone Number		
<b>Parent 2's</b> Name and Address <input type="checkbox"/> See attached for additional parties  Legal Status: <input type="checkbox"/> Birth <input type="checkbox"/> Adjudicated <input type="checkbox"/> Adoptive <input type="checkbox"/> Marital <input type="checkbox"/> Alleged <input type="checkbox"/> Unknown					Parent 2's Date of Birth <input type="checkbox"/> deceased		
					Parent 2's Phone Number		
<input type="checkbox"/> Guardian <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Spouse, if any. <input type="checkbox"/> If none of proceeding, nearest relative. [Name] [Address]							
Is an interpreter needed? <input type="checkbox"/> No <input type="checkbox"/> Yes Language(s) _____ Party Name(s) _____							
Child in temporary physical custody? <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Where held: _____ <input type="checkbox"/> Not disclosed—threat of imminent danger to child-physical custodian.							

2. Child may be subject to federal Indian Child Welfare Act? (25 USC §§1901-1963)

- ☐ No ☐ Undetermined (Explain: \_\_\_\_\_)  
☐ The Indian child is currently placed in-home; therefore, the federal Indian Child Welfare Act does not apply.  
*For an Indian child who is placed out-of-home, use the Indian Child Welfare Act version (IW-1610) of this Petition.*

3. Under section(s) \_\_\_\_\_,  
the child is in need of protection or services because: ☐ See attached

\_\_\_\_\_

\_\_\_\_\_

☐ 4. The child is placed out-of-home.

A. Placement in-home at this time ☐ is ☐ is not contrary to the child's welfare.

\_\_\_\_\_

B. Reasonable efforts to prevent removal were [Complete one of the following]

☐ made by the department or agency responsible for providing services.

☐ made by the department or agency responsible for providing services, although an emergency situation resulted in immediate removal of the child from the home.

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

5. The person who took this child into custody and the intake worker have made reasonable efforts to return the child home while assuring the child's health and safety.

6. The Uniform Child Custody Jurisdiction Act Declaration is attached to this Petition.

I request adjudication and entry of an appropriate dispositional order.

DISTRIBUTION:

1. Court
2. Child – if 12 years or older
3. Child's Guardian ad Litem/Adversary Counsel
4. Parents
5. Parents' Attorney(s)
6. Child's Guardian/Legal Custodian/Physical Custodian
7. District Attorney/Corporation Counsel
8. Caseworker



District Attorney/Corporation Counsel/Petitioner's Signature

Name Printed or Typed

Address

Email Address

Telephone Number

Date

State Bar No. (if any)