

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

IN THE INTEREST OF J. Doe, an unborn child, and

**Petition for Protection or Care of an Unborn Child (Chapter 48)**

\_\_\_\_\_ the unborn child's expectant mother

\_\_\_\_\_ 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. The estimated gestational age of the unborn child is \_\_\_\_\_ weeks.

Expectant Mother's Street and City Address		
If expectant mother is a child (17 or under)	Parent 1's Name and Address	Parent 1's Birthdate
	Parent 2's Name and Address	Parent 2's Birthdate
	Name and Address of Guardian, Legal Custodian, Spouse, if any	
If expectant mother is an adult (18 or over): Spouse's name and address, or if no spouse, nearest relative's name and address		
Expectant mother in temporary physical custody? <input type="checkbox"/> No <input type="checkbox"/> Yes: Date/Time: _____ Where held: _____ <input type="checkbox"/> Not disclosed - threat of imminent danger to unborn child/expectant mother/physical custodian.		
Unborn child, when born, may be subject to federal Indian Child Welfare Act? (25 USC §§1901-1963) <input type="checkbox"/> No <input type="checkbox"/> Undetermined (Explain: _____) <input type="checkbox"/> Yes: Tribe/address: _____		

2. The unborn child is in need of protection or care.

3. The expectant mother is in need of supervision, services, care or rehabilitation.

4. The reliable and credible information which forms the basis for the allegations, including the conduct or circumstances to be considered by the court is  **See attached**

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

I request adjudication and entry of an appropriate dispositional order.

**DISTRIBUTION:**

1. Court
2. Expectant mother
3. Parents of expectant mother (if a child)
4. Guardian/Legal custodian/Physical custodian/GAL of expectant mother
5. GAL of unborn child
6. Tribe (if any)

\_\_\_\_\_  
 Signature: District Attorney/Corporation Counsel  
 Counsel /GAL of Expectant Mother  
 GAL of Unborn Child

\_\_\_\_\_  
 Name Printed or Typed

\_\_\_\_\_  
 Date