

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

IN THE INTEREST OF

**Petition to Vacate  
Consent Decree  
and Waiver of Hearing**

Name \_\_\_\_\_

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

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

**PETITION TO VACATE CONSENT DECREE**

**I STATE ON INFORMATION AND BELIEF THE FOLLOWING IS TRUE:**

1.	Child's/Juvenile's Street and City Address
	Parent 1's Name and Address
	Parent 2's Name and Address
	Guardian's, Legal Custodian's Name and Address

2. A consent decree was ordered by the court on [Date] \_\_\_\_\_.

3. The consent decree is scheduled to expire on [Date] \_\_\_\_\_.

4. The consent decree should be vacated: \_\_\_\_\_  
\_\_\_\_\_

5. The parties  will  will not waive their rights to a hearing and agree that the proceedings shall be reinstated.

\_\_\_\_\_  
Petitioner

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address Telephone Number

\_\_\_\_\_  
Date State Bar No. (if any)

**WAIVER OF HEARING**

The following parties stipulate and agree that the court may enter an order vacating the consent decree and reinstating the proceedings.

\_\_\_\_\_  
Child/Juvenile

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address Telephone Number

\_\_\_\_\_  
Date State Bar No. (if any)

\_\_\_\_\_  
Child's/Juvenile's Attorney/GAL

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address Telephone Number

\_\_\_\_\_  
Date State Bar No. (if any)

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Parent 1

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Name Printed or Typed

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Address

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Email Address Telephone Number

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Date State Bar No. (if any)

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Parent 2

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Name Printed or Typed

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Address

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Email Address Telephone Number

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Date State Bar No. (if any)

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Prosecuting Attorney

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Name Printed or Typed

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Address

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Email Address Telephone Number

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Date State Bar No. (if any)

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Social Worker

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Name Printed or Typed

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Address

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Email Address Telephone Number

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Date State Bar No. (if any)