

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

Date

WAIVER OF HEARING

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

SIGNED BY	DATE	SIGNED BY	DATE
Child/Juvenile		Child's/Juvenile's Attorney/GAL	
Parent 1			
Parent 2			
Prosecuting Attorney		Social Worker	