STATE OF WISCONSIN, CIRCUIT COURT,		COUNTY		
IN TH	HE INTEREST OF	Request to Impose Stayed Delinquency Dispositional Order		
INAITIE		Case No.		
Date of	Birth	Case No.		
1.	I am the  Agency Representative  C	Corporation Counsel		
2.	The juvenile was found to be delinquent in this case. The court has imposed and stayed:			
3.	The juvenile violated the following condition	n(s) of the dispositional order:		
4.	I request the following stayed condition(s) of the dispositional order be imposed:			
5.	The juvenile:    waives a court hearing to determine whether the original dispositional order should be imposed.   objects and requests the court hold a hearing within 30 days of this notice.			
		Agency Representative / Corporation Co	Agency Representative / Corporation Counsel / District Attorney	
		Name Printed or Typed	Name Printed or Typed	
		Address	Address	
		Email Address	Telephone Number	
		Date	State Bar No. (if any)	
•	to an out-of-home placement. I agree:  a hearing is not necessary because the condition(s) of the Dispositional I do not object to the court imposing the I am making this decision of my own free Although I understand the Court is not b	Juvenile Waiver ing the stayed conditions will not move me from a ladmit I violated the Dispositional Order. Order I violated was/were explained to me prior condition(s) of the original Dispositional Order. will. ound by this request and may impose the entire I are requesting the following condition(s) be im	to my violation.	
		Juvenile		
DISTRIBUTION:		Name Printed or T	Name Printed or Typed	
1. Cou 2. Juv	ırt enile's Guardian ad Litem/Adversary Counsel	Address		
<ul><li>3. Parents</li><li>4. Juvenile's Guardian/Legal Custodian</li><li>5. District Attorney</li></ul>		Email Address	Telephone Number	
6. Caseworker		Date	State Bar No. (if any)	