STAT	E OF	WISCONSIN, CIRCUIT COURT,	COUNTY			
IN THE INTEREST OF		EREST OF	Notice of Change in Placement			
Name			_			
Date of	Rirth		Case No			
Date of						
1.	I am interested as Caseworker. District Attorney/Corporation Counsel. Other parties use JD-1766 – Request to Change Placement.					
2.	. The child/juvenile is currently under a temporary physical custody order dispositional order.					
3.	The Indian Child Welfare Act does not apply. For an Indian child, use the ICWA version of this form (IW-1754					
4.	This notice of change in placement is					
		out-of-home to out-of-home.				
		out-of-home to in-home.				
	_ L	in-home to in-home.				
	For II	n-Home to Out-of-Home, use JD-176	66 – Request to Change Placement.			
5.	Name	e and address of new/proposed plac	ement:	·		
☐ 6.	Emergency conditions necessitated an immediate change in placement on [Date]					
	A. This notice was sent within 48 hours after the emergency change in placement.					
	B. Describe the reasons for the new placement, the emergency conditions that necessitated an immediate change, why it is preferable, and how it satisfies any treatment plan or permanency plan:					
	C.		ement, a written objection must be filed with the obtice. If you file a written objection, the court will a should be sent to all parties.			
□ 7.	The placement will be changed on [Date]					
	A.		business days after this notice was filed with the borary physical custody order dispositional or			
	B.	Describe the reasons for the new p	placement, why it is preferable, and how it satisfi	es any treatment plan		
	C.	or permanency plan:	ement, a written objection must be filed with the	Sourt within 10		
	O.		tice. If you file a written objection, the court will s			
		If this change in placement was authat affects the advisability of the c	athorized in the current order, your objection musorder.	st state new information		
8.		onable efforts to place the child/juve	nile in a placement that enables the sibling grou	p to remain together		
	were	made by				
		not required because the child/juv not required because it would be	renile does not have siblings in out-of-home care contrary to the safety or well being of the child/ju	venile or any of the		
<u> </u>	The p	proposed placement is certified as a	Qualified Residential Treatment Program.			

☐ A. The standardized assessment and reco☐ are attached.☐ will be submitted by:					
	will be submitted by: [No later than 10 business days from date of this notice] There is good cause for submitting the assessment and recommendation more than 10 business days from the date of this notice:				
If approved by the court, the assessment [No later than 30 days from date of placement]	nt and recommendation v	vill be submitted by:			
If placement continues to be outside the home pay support for the placement.	e, the parents/guardian/le	gal custodian/trustee may be required to			
☐ 11. A party's address has changed. A Notice of Ch☐ was previously filed with the court.☐ is attached.	hange of Address (JD-18	30)			
DISTRIBUTION: 1. Court	Caseworker/District Attorney/Corporation Counsel				
 Child/Juvenile Child's/Juvenile's Guardian ad Litem/Adversary Counsel 	Name Printed or Typed				
4. Parents5. Parents' Attorney(s)6. Child's Guardian/Legal Custodian	Address				
 Relative Caregiver/Foster Parent District Attorney/Corporation Counsel Caseworker 	Email Address	Telephone Number			
10. Court Appointed Special Advocate (CASA)	Date	State Bar No. (if any)			