

IN THE INTEREST OF

Name

Date of Birth

Request to

- Change Placement**
- Revise Dispositional Order**
- Extend Dispositional Order**
- Review Permanency Plan**
- Terminate Consent Decree/
Dispositional Order**

Case No. _____

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

I REQUEST THE COURT: *(Check all that apply in 1-6)*

1. I am interested as Child/Juvenile or Counsel Parent Case Worker
 District Attorney/Corporation Counsel Guardian ad Litem Expectant Mother
 Other: _____

2. The provisions of the Indian Child Welfare Act do not apply. *(For an Indian child who is placed out-of-home, use the Indian Child Welfare Act version (IW-1766) of this form.)*

3. Change the placement of the child/juvenile.
- A. The child/juvenile is currently under a temporary physical custody order. dispositional order.
- B. Give the reason for the new placement, why it is preferable and how it satisfies any treatment plan.

See attached

C. Name and address of proposed placement: _____

D. Date of proposed change in placement: _____.

- E. The proposed change in placement would move the child/juvenile from in the home to a placement outside of the home.

1) Placement in the home at this time is contrary to the welfare of the child/juvenile because:

2) Reasonable efforts to prevent removal were *(Complete one of the following)*

- made by the department or agency responsible for providing services as follows:

made by the department or agency responsible for providing services, although an emergency situation resulted in immediate removal of the child/juvenile from the home as follows:

not required under §48.355(2d) or §938.355(2d), Wis. Stats.,

F. The proposed placement is certified as a Qualified Residential Treatment Program. The standardized assessment and recommendation by a qualified individual are attached will be submitted by: _____, [No later than 30 days from date of filing of this request]

4. Revise the dispositional order.

Specify in detail the revisions requested: <input type="checkbox"/> See attached _____
Because of the following new information: <input type="checkbox"/> See attached

5. Extend the current dispositional order.

Date current dispositional order expires:	Date dispositional order should be extended to:
Because of the following reasons: <input type="checkbox"/> See attached _____	

6. Review permanency plan. Permanency plan is attached.
 is on file with the court.
 will be provided to the parties five days prior to the hearing.

Date of last permanency hearing:	Hearing must be held on or before:
School name and address:	Case worker name and contact information:

7. Terminate the current consent decree or dispositional order, which expires on [Date] _____.
Because of the following reasons: See attached _____

DISTRIBUTION:

1. Court
2. Child/Juvenile
3. Child/Juvenile's Guardian ad Litem/Adversary Counsel
4. Parents
5. Parents' Attorney(s)
6. Child's Guardian/Legal Custodian
7. Relative Caregiver/Foster Parent
8. District Attorney/Corporation Counsel
9. Caseworker
10. Court Appointed Special Advocate (CASA)

▶ _____
Signature

Name Printed or Typed

Address

Email Address Telephone Number

Date State Bar No. (if any)