

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

IN THE INTEREST OF

**Request for Transition to  
Discharge Hearing**

Name \_\_\_\_\_

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

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

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, Foster Parent	Address
Other	Address

The child/juvenile is placed in out-of-home care in the above captioned case, is a full-time student in a secondary school or its equivalent, and an individualized education program is in effect. When I met with the child/juvenile as required under §§48.366(2)(a) or 938.366(2)(a), Wis. Stats., the child/juvenile indicated that he/she wishes to discharge from out-of-home care when the dispositional order terminates on [Date] \_\_\_\_\_.

I request that the Court hold a Transition to Discharge Hearing prior to the termination date to advise the child/juvenile of the following options:

- Discharge from out-of-home care on termination of the dispositional order;
- Continued placement in out-of-home care under an extension of the dispositional order; or
- Re-enter out-of-home care through a Voluntary Transition to Independent Living Agreement at any time before he/she is granted a diploma or reaches 21 years of age, whichever occurs first.

**DISTRIBUTION:**

1. Court
2. Child/Juvenile and Attorney
3. Parents/Guardian/Legal Custodian/Attorney (if any)
4. Case Worker
5. Physical Custodian/Foster Parent
6. District Attorney/Corporation Counsel
7. Guardian ad Litem
8. Court Appointed Special Advocate
9. Indian Custodian and Tribe
10. Other: \_\_\_\_\_

▲ \_\_\_\_\_  
Signature of Agency Representative

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

\_\_\_\_\_  
Address

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

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