

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
3. Child's/Juvenile's Guardian ad Litem/Adversary Counsel
4. Parents
5. Parents' Attorney(s)
6. Child's/Juvenile's Guardian/Legal Custodian
7. Relative or Like-Kin Caregiver/Foster Parent
8. District Attorney/Corporation Counsel
9. Caseworker
10. Court Appointed Special Advocate (CASA)
11. Tribe
12. Indian Custodian

▶ _____
Signature of Agency Representative

Name Printed or Typed

Address

Email Address Telephone Number

Date State Bar No. (if any)