

IN THE INTEREST OF

Name

Date of Birth

**Petition for Voluntary
Transition to Independent
Living Agreement**

Case No. _____

I STATE ON INFORMATION AND BELIEF:

1. The person in the above captioned case is under a Voluntary Transition to Independent Living Agreement pursuant to §§ 48.366(3) or 938.366(3), Wis. Stats.
2. A copy of the Voluntary Transition to Independent Living Agreement is attached.
3. I am a representative of the agency primarily responsible for providing services under the agreement.
4. I am providing the following information for the parties entitled to notice:

Person's Name	Person's Address
Guardian's Name (if any)	Guardian's Address
Placement's Name	Placement's Address

5. The placement is in the best interests of the person because: _____

I am requesting that the court hold a hearing and grant an order determining that placement in out-of-home care under the Voluntary Transition to Independent Living Agreement is in the best interests of the person on or before *[Date no later than 180 days after the agreement was entered]* _____.

Signature

Name Printed or Typed

Address

DISTRIBUTION:

1. Court
2. Person
3. Guardian (if any)
4. Other: _____

Email Address Telephone Number

Date State Bar No. (if any)