

FORM SUMMARY

Name of Form: Notice of Transfer of Protective Placement

Form Number: GN-4340

Statutory Reference: §55.15(5), Wisconsin Statutes

Benchbook Reference: GA-3

Purpose of Form: Notice of transfer and placement of individual under order for protective placement.

Who Completes It: Guardian, county department, Wisconsin Dept. of Health Services, or protective placement facility.

Distribution of Form: Original to court.

Accompanying Forms:

New Form/Modification: Modification, last update 10/06.

Modifications: Changed Department of Health and Family Services (DHFS) to Department of Health Services (DHS).

Comments:

About this Form: **This form is the product of the Wisconsin Records Management Committee, a committee of the Director of State Court's Office and a mandate of the Wisconsin Judicial Conference.**

If you have additional information that does not change the meaning of the form, attach it on a separate page. The form itself shall not be altered.