

STATE OF WISCONSIN CIRCUIT COURT, _____ COUNTY

IN THE INTEREST OF

☐ Amended**Temporary Physical Custody Request
(Chapter 938)**

Name _____

Date of Birth _____

Case No. _____

Referring Agency Case Number		Intake Case Number	
Requesting Agency Complete	Juvenile's Name (Last, First, Middle)		<input type="checkbox"/> African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Unknown <input type="checkbox"/> Other
	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	Juvenile's Address		If American Indian or Alaskan Native, list tribe:
	Telephone Number	Why was juvenile taken into custody? (§ 938.19, Wis. Stats.)	
	County of Residence	<input type="checkbox"/> Warrant/capias <input type="checkbox"/> Juvenile suffering from illness, injury or other danger <input type="checkbox"/> Order by judge <input type="checkbox"/> Violation of terms of court-ordered supervision <input type="checkbox"/> Criminal act <input type="checkbox"/> Violation of conditions of temporary custody order <input type="checkbox"/> Runaway <input type="checkbox"/> Violation of civil law or ordinance <input type="checkbox"/> Unexcused absence from school	
	Parent 1's Name and Address		Parent 1's Date of Birth
	Legal Status: <input type="checkbox"/> Birth <input type="checkbox"/> Adjudicated <input type="checkbox"/> Adoptive <input type="checkbox"/> Marital <input type="checkbox"/> Alleged <input type="checkbox"/> Unknown		<input type="checkbox"/> deceased
	Parent 2's Name and Address		Parent 2's Date of Birth
	Legal Status: <input type="checkbox"/> Birth <input type="checkbox"/> Adjudicated <input type="checkbox"/> Adoptive <input type="checkbox"/> Marital <input type="checkbox"/> Alleged <input type="checkbox"/> Unknown		<input type="checkbox"/> deceased
	Legal Guardian's Name and Address		Legal Guardian's Birthdate
		Guardian's Phone Number	
Is an interpreter needed? <input type="checkbox"/> No <input type="checkbox"/> Yes Language(s) _____ Party Name(s) _____			
Date and Time Taken Into Custody		Taken Into Custody By	Agency
The parents notified by referring party? <input type="checkbox"/> Yes (Date and Time) <input type="checkbox"/> No			
Additional information on notice:			
Why was juvenile not released?			
Supporting facts of reason why juvenile was taken into physical custody (§938.20(3), Wis. Stats.): <input type="checkbox"/> See attachment			
Copy provided to juvenile, if age 10 or over: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Intake Worker Complete	Was juvenile notified of right to counsel and right against self-incrimination? (§938.20(7)(a), Wis. Stats.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Were notice of custody decision and hearing rights provided? (§938.20(8), Wis. Stats.) Juvenile: <input type="checkbox"/> Yes, Date and Time: _____ <input type="checkbox"/> No Parent 1: <input type="checkbox"/> Yes, Date and Time: _____ <input type="checkbox"/> No Parent 2: <input type="checkbox"/> Yes, Date and Time: _____ <input type="checkbox"/> No	If no, what ongoing efforts have been made to notify?	

Intake Worker Complete

- Custody Criteria:** (§938.205, Wis. Stats.)

- Placement Decision:**

- Placement in the home is contrary to the welfare of the juvenile, due to:

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	Name of Placement <input type="checkbox"/> Not disclosed to parent due to imminent danger		Address		Telephone Number	
	<input type="checkbox"/> The placement is certified as a Qualified Residential Treatment Program. The standardized assessment and recommendation by a qualified individual <input type="checkbox"/> are attached <input type="checkbox"/> will be submitted by: _____. [No later than 30 days from date of placement]					
	Special precautions/information concerning juvenile/family					
	Signature of Intake Worker		Date and Time Custody Authorized		Date and Time of Custody Hearing	
				Date and Time of Release		