

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

IN THE INTEREST OF

 AmendedTemporary Physical Custody Request  
(Chapter 938)

Name \_\_\_\_\_

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

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

Referring Agency Case Number		Intake Case Number	
<b>Juvenile's Name (Last, First, Middle)</b>  <b>Date of Birth</b> _____ <input type="checkbox"/> Male <input type="checkbox"/> Female		<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	
Juvenile's Address		If American Indian or Alaskan Native, list tribe: _____	
Telephone Number		Why was juvenile taken into custody? (§ 938.19, Wis. Stats.) <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	
<b>Parent 1's Name and Address</b>  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		Parent 1's Date of Birth	Parent 1's Phone Number
<b>Parent 2's Name and Address</b>  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		Parent 2's Date of Birth	Parent 2's Phone Number
<b>Legal Guardian's Name and Address</b>		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			
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?	

<p><b>Jurisdictional Basis:</b></p> <p><input type="checkbox"/> 1. No Jurisdiction.</p> <p><input type="checkbox"/> 2. Delinquency: § _____</p> <p><input type="checkbox"/> 3. JIPS (§938.13): <input type="checkbox"/> uncontrollable. <input type="checkbox"/> habitually truant from school. <input type="checkbox"/> school dropout. <input type="checkbox"/> habitually truant from home.  <input type="checkbox"/> delinquent act before age 10. <input type="checkbox"/> not responsible or not competent.</p>	
<p><b>Custody Criteria:</b> (§938.205, Wis. Stats.)</p> <p><input type="checkbox"/> 1. Juvenile will commit injury to person or property of others.</p> <p><input type="checkbox"/> 2. Juvenile will: <input type="checkbox"/> cause injury to self. <input type="checkbox"/> be subject to injury by others. <input type="checkbox"/> run away or be taken away so as to be unavailable for further court proceedings.</p> <p><input type="checkbox"/> 3. Parent, guardian, legal custodian or other responsible adult is: <input type="checkbox"/> neglecting <input type="checkbox"/> refusing <input type="checkbox"/> unable  <input type="checkbox"/> unavailable to provide adequate supervision and care.</p>	
<p><b>Placement Decision:</b></p> <p><input type="checkbox"/> 1. Juvenile released.</p> <p><input type="checkbox"/> 2. Nonsecure custody: (§938.207, Wis. Stats.)</p> <p><input type="checkbox"/> a. At the home of a <input type="checkbox"/> parent. <input type="checkbox"/> relative. <input type="checkbox"/> guardian. <input type="checkbox"/> like-kin. <input type="checkbox"/> person not a relative.</p> <p><input type="checkbox"/> b. At licensed foster home, treatment foster home, or group home.</p> <p><input type="checkbox"/> c. At non-secure facility operated by a licensed child welfare agency.</p> <p><input type="checkbox"/> d. At licensed private or public shelter care facility (including holdover room).</p> <p><input type="checkbox"/> e. At hospital or physician's office if the juvenile is believed to be suffering from a serious physical condition which requires either prompt diagnosis or prompt treatment.</p> <p><input type="checkbox"/> f. At licensed treatment facility approved by the county as the juvenile is believed to have a mental illness or developmental disability or to be drug dependent and exhibits conduct that constitutes a substantial probability of physical harm to the juvenile or to others, or a very substantial probability of physical impairment or injury to the juvenile exists due to the impaired judgment of the juvenile.</p> <p><input type="checkbox"/> g. At approved public treatment facility for emergency treatment as the juvenile is believed to be an intoxicated person who has threatened, attempted or inflicted physical harm on himself or herself or on another and is likely to inflict such physical harm unless committed, or is incapacitated by alcohol.</p> <p><input type="checkbox"/> h. At the county children's home.</p> <p><input type="checkbox"/> 3. Secure custody because: (§938.208, Wis. Stats.)</p> <p><input type="checkbox"/> a. Juvenile has committed a delinquent act and there is a substantial risk of: <input type="checkbox"/> physical harm to another.  <input type="checkbox"/> runaway.</p> <p><input type="checkbox"/> b. Juvenile has: <input type="checkbox"/> committed a felony delinquent act listed under §938.208(1)(a), Wis. Stats. <input type="checkbox"/> committed a felony delinquent act while in possession of a firearm. <input type="checkbox"/> possessed a short-barreled rifle, short-barreled shotgun, or handgun.</p> <p><input type="checkbox"/> c. Juvenile is a: <input type="checkbox"/> fugitive from another state <input type="checkbox"/> runaway from a juvenile correctional facility and there has been no reasonable opportunity to return the juvenile.</p> <p><input type="checkbox"/> d. A protective order has been issued and the juvenile consents in writing to the placement.</p> <p><input type="checkbox"/> e. Juvenile has run away or committed a delinquent act while in nonsecure custody.</p> <p><input type="checkbox"/> f. Juvenile is alleged/adjudicated delinquent and is a runaway from another county and would run away from nonsecure placement.</p> <p><input type="checkbox"/> g. Juvenile is subject to the jurisdiction of the adult criminal court and is under 15 years of age.</p> <p><input type="checkbox"/> 4. This is a secure custody placement in a jail because: (§938.209, Wis. Stats.)</p> <p><input type="checkbox"/> a. No other approved juvenile detention facility is available.</p> <p><input type="checkbox"/> b. Juvenile is a substantial risk of physical harm to others in a juvenile detention facility.</p>	
<p>Placement in the home is contrary to the welfare of the juvenile, due to:</p> <p>Efforts made to prevent removal and return the child safely to the home include:</p>	

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: _____ <i>[No later than 30 days from date of placement]</i>			
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