**Notice to the District Attorney of Cancellation of Informal Disposition Agreement**

Date

John Chisholm

Milwaukee County District Attorney

Safety Building

821 W. State Street, Room 405

Milwaukee, WI 53233

Fax (414) 223-1955

Dear District Attorney Chisholm:

In accordance with Wisconsin Statutes Sec. 48.245(7), an Informal Disposition Agreement was entered into on Date with Family Name in the interest of Name(s) of Child(ren) and is being cancelled as of Date for the following reason(s):

Provide update on case staus and reason for termination of IDA.

Pursuant to §48.245(7), we provided notice to your office of the cancellation on Date by calling Name and by faxing this letter on today’s date.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE** – Intensive In-Home Services Supervisor (Intake Worker) Date Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name – Intensive In-Home Services Supervisor (Intake Worker)

CC: Assistant District Attorney, Fax (414) 454-4010

 Case file / eWiSACWIS Court Tab

DCF-F-2908-E (N. 03/2013)