

STATE OF WISCONSIN, CIRCUIT COURT, MILWAUKEE COUNTY, CHILDREN'S DIVISION

In the Matter of Adoption of _____

RECOMMENDATION FOR ADOPTION

File No: _____

A person under the Age of 18.

The undersigned, the State of Wisconsin Department of Health and Family Services, Bureau of Milwaukee Child Welfare, being the legal guardian of _____, a child _____ years of age, born on _____, whose legal custody and guardianship was transferred to said State of Wisconsin Department of Health and Family Services, Bureau of Milwaukee Child Welfare, by order of Milwaukee County Circuit Court, (the parent's rights having been terminated), hereby recommends the adoption of said child by _____, petitioners herein, and to the entry of an order for such adoption by said court, believing such action to be in the best interests of the child.

Dated at Milwaukee, Wisconsin, _____ st day of _____, _____

By _____

Director or Associate Director
Wisconsin Department of Health and Family Services
Bureau of Milwaukee Child Welfare

IN PRESENCE OF:

