

COURT REPORT FOR TERMINATION OF PARENTAL RIGHTS

Name - Judge	Hearing Date (mm/dd/yyyy)	eWiSACWIS Case Number
Court Number	County	Case Type CHIPS

Child

Name (Last, First, MI)	Birthdate	Age
Address (Street, City, State, Zip Code)		Telephone Number

Tribal Information

Yes No Is the child an American Indian? []

If Yes, name of American Indian Tribe or Band: []

Yes No If the above child is American Indian, has the Tribe been notified of these proceedings?

Verification of American Indian status provided by: []

Current Caregiver

Name - Caregiver 1 (Last, First, MI)	Name - Caregiver 2 (Last, First, MI)	Relationship to Child
Address (Street, City, State, Zip Code)		Telephone Number

Mother

Unknown Deceased

Name (Last, First, MI) Status: Birth Adoptive Birthdate []

Address (Street, City, State, Zip Code) [] Telephone Number []

Marital Status

Married Single Widowed Divorced

Name - Spouse []

Unknown Deceased

Name (Last, First, MI) Birthdate []

Address (Street, City, State, Zip Code) [] Telephone Number []

Marital Status []

Married Single Widowed Divorced

Status: Adjudicated Adoptive Alleged Presumptive []

The interests of the child under the age of 18 years, on this child were found to be in need of protection or services pursuant to Wisconsin Statutes s. 48.426(2) and (3), and the court order expires on []

I. Social History of Child

[] []

II. Statement of Facts Supporting the Need for Termination

[] []

III. Agency Action, Services to the Family, and Their Response

IV. Services Which Would, if Utilized, Allow the Child to Return to the Parent

V. Standard Factors Under Wisconsin Statute s. 48.426(2) and (3)

VI. Recommendation and Future Plan

[]

[]

[]

[]

VII. Signatures

Name - Worker

SIGNATURE - Worker

Date Signed

Name  pervisor

SIGNATURE - Supervisor

Date Signed

