

COURT REPORT FOR TRANSFER OF LEGAL GUARDIANSHIP

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

Current Caregiver

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

Mother Unknown Deceased

Name (Last, First, MI) Status: <input type="checkbox"/> Birth <input type="checkbox"/> Adoptive	Birthdate	
Address (Street, City, State, Zip Code)		Telephone Number
Marital Status Married Single Widowed Divorced	Name - Spouse	

Father Unknown Deceased

Name (Last, First, MI)	Birthdate	
Address (Street, City, State, Zip Code)		Telephone Number
Marital Status Married Single Widowed Divorced	Name - Spouse	
Status: Adjudicated Adoptive Alleged Presumptive		

Legal Guardian

Name - Child (Last, First, MI)	Name - Legal Guardian (Last, First, MI)	Address (Street, City, State, Zip Code)	Telephone Number
			() -
			() -
			() -
			() -

Legal Custodian

Name - Child (Last, First, MI)	Name - Legal Custodian (Last, First, MI)	Address (Street, City, State, Zip Code)	Telephone Number
			() -
			() -
			() -
			() -

Proposed Guardian and Custodian

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

Tribal Information

Name: _____

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:

Uniform Custody Act
Indicate if there are any court orders in other jurisdictions regarding custody of child.

I. Reason for the Petition
Department is seeking permanent placement by a transfer of legal guardianship of _____, a child under the age of 18, who is
before the court on a guardianship petition pursuant to s.48.977, state _____

II. Child's Court History
Date of Original Order (mm/dd/yyyy) _____ Specific Finding s.13 (_____ s.938.13(4) _____ Date Order Expires (mm/dd/yyyy) _____

III. Social History Information Regarding Proposed Legal Guardian
A. Physical description of the proposed guardian's home (environment, safety factors)

B. Mental / Medical Health and AODA Issues

C. Family Strengths / Weaknesses

Records Check (To be completed on all required persons in the household.)
 Yes No Was a CCAP record check completed? _____ Date Completed (mm/dd/yyyy) _____
Results _____

Yes No Was a CPS History records check completed? _____ Date Checked (mm/dd/yyyy) _____
Results _____

Yes No Was a Child Welfare License check completed? _____ Date Checked (mm/dd/yyyy) _____
Results _____

E. Financial Ability of Proposed Legal Guardian to Provide Necessary Care for Child _____

IV. Financial Information

Yes No Is child eligible for Veteran Benefits? _____
If yes, applies to: _____
 Yes No Is child eligible for SSI or SSA? _____
If yes, applies to: _____
 Yes No Is child eligible for any other income? _____
If yes, applies to: _____
If yes, _____:

V. Best Interest of Child
Facts support of Guardianship Transfer, including why Adoption is not in the child's best interest.

_____s who support _____ that the parent is not able and will continue to be unable to assume guardianship role.

VI. Items to Discuss to Transfer Legal Guardianship

Yes No Are the parents(s) in agreement with the guardianship transfer?
discussed with parent: _____
 Yes No Are the parents' whereabouts unknown?
If yes, how have they been unknown? _____
 Yes No I have discussed the duties and responsibilities of legal guardian and the proposed guardian understands them and is willing to assume them.
discussed with legal guardian: _____

Yes No I have discussed the option and benefits of Adoption with the proposed guardian and the proposed guardian understands them and is not interested in pursuing Adoption at this time.

Date discussed with legal guardian :

VII. Recommendations

Yes No Transfer Legal Guardianship and Custody to _____ and continue services?

Explain reason:

Yes No Transfer Legal Guardianship and Custody to _____ and discontinue services?

Explain reason:

Yes No Transfer Legal Guardianship and Custody to _____, the Department of Health and Family Services will continue _____ clients under Subsidized Guardianship program?

Explain reason:

VIII. Signatures

Name - Worker

SIGNATURE - Worker

Date Signed

Name - Supervisor

SIGNATURE - Supervisor

Date Signed