

REQUEST FOR EMERGENCY DETENTION OR PICK-UP ORDER

Name - Worker	Telephone Number	County	Site / Zone
Court Number			

I. Family Composition

1. CHIPS Child - List oldest child first.

Child

Name (Last, First, MI)	Birthdate	Age
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 <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		Name - Spouse

Father Unknown Deceased

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

2. Any other children who are part of family but have not been detained at this time. This includes adult children and children who have been previously involved in termination of parental rights.

Name - Child	Birthdate	Address - Include Zip Code
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3. Guardian or legal custodian if different than natural parents: relationship, where and when order made.

Name - Guardian	Address	Relationship
Name - Legal Custodian	Address	When Order Made

4. Date and time of decision to hold in custody. Case must appear before Commissioner within 48 hours of the date and time listed below.

Date (mm/dd/yyyy)	Time
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5. Yes No Is disclosure of location dangerous to child or custodian?

If "Yes", explain why the disclosure would result in imminent danger to the child or physical custodian.

6. Where is the child presently being held?

Current Caregiver

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

7. Placement Requested

- Home of Parent or Guardian
- Home of Non-Relative
- Foster Home or Treatment Foster Home
- Hospital (excluding psychiatric)
- Adolescent Assessment Center or Placement Stabilization Center
- Other Non-Secure Facility

8. Other Orders Requested

9. Visitation Required - Check one.

- At the discretion of the Agency
- Supervised by the Agency or an approved adult
- Upon mutual desire

10. List all the people who will appear at the emergency hearing. Note: All children 12 years of age and older must appear.

II. Worksheet

1. Yes No Is there a language barrier?

If "Yes", what is the primary language spoken by the: Parent - Child -

2. 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:

3. Yes No Was written notification given to parents, guardians, and / or tribe? If "Yes", specify where and when.

4. List the date and time the Department received the current referral.

Date Time

5. Summarize CPS history or court activity. Include findings, dates, placements, orders, etc.

NOTE: If there is a dispositional order, complete the information below.

Said child was found to be in need of protection or services pursuant to Wis. Stats. s. 48.13 (). Based on findings of the Honorable , transferred legal custody of said child for a period of . That order now expires on . Said child was placed with under the court's order.

6. List parents' criminal court contacts.

7. Summarize CPS history. Include date of referral, summary of allegation, and outcome of services provided. Provide the D.A. a copy of all CPS reports, pertinent case notes and investigative write-ups.

CPS report date Report ID Screening Decision

Summary of allegation(s) - Describe:

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8. Detail what specific facts, observations and reports that led to your decision to detain; e.g., who, what, where, when, why, how do you know.
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9. List all witnesses and information they will provide, including records or pictures available; e.g., hospital, doctor, school, etc.
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10. What is your plan at this time?
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III. Signatures



Name - Worker



SIGNATURE - Worker

Date Signed



Name - Supervisor



SIGNATURE - Supervisor

Date Signed

