

This worksheet will be used for the preparation of the petition. Please list all addresses in full, including zip code. Sections C & D should be answered in full sentences as they will be typed as written here.

## TEMPORARY GUARDIANSHIP WORKSHEET

Name - Worker	Telephone Number	Date
County	Region	Court Number

### I. Family Composition

**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	

**Father**  Unknown  Deceased

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

**Legal Guardian (if different from natural parents)**

Name - Guardian	Birthdate
Address (Street, City, State, Zip Code)	
Telephone Number	

### II. Complete the following paragraph:

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

### III. Reasons why temporary guardianship is needed. (Be specific and use complete sentences.)

Why current guardian will not sign and attempts made to locate and / or have signed. Indicate when and how notice of hearing was given. (Use complete sentences.)

### Signatures

\_\_\_\_\_  
Name - Worker

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
SIGNATURE - Worker

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name - Supervisor

\_\_\_\_\_  
SIGNATURE - Supervisor

\_\_\_\_\_  
Date Signed