



Dear _____ :


This is to inform you that _____ will be removed from your home on or after _____. The reason for the change in placement is _____.

 If you do not agree with this plan, you have the right to appeal by requesting an appeal with the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875, or by appealing to your county circuit court.

 A written request for your appeal must be received within thirty (30) days after your receipt of this notice. A timely appeal request will protect your right to prevent removal of _____ before your appeal hearing unless the safety of the child requires earlier removal.

 _____
SIGNATURE - Caseworker



SIGNATURE - Caseworker's Supervisor 

I hereby waive my right to a 30 day notice and agree to the child's removal no later than _____.

(mm/dd/yyyy)

SIGNATURE - Foster Parent, Treatment Foster Parent or Group Home Parent / Representative

Date Signed (mm/dd/yyyy)