## Court Report for Transfer of Legal Guardianship

**Use of form:** Completion of this form is required pursuant to Wis. Stat. s. 48.977(4)(e). The agency shall use this form to provide information relating to the appointment of a guardian for a child who has been placed or continued in a placement outside of their home for 6 months or longer. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

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| **Court Information** | | | | | | | | | | | | | | | | | | | |
| Judge’s Name | | | | | | Hearing Date | | | If applicable: eWiSACWIS Case Number | | | | | | | | | | |
| Court Number | | | Agency | | | | | | | | Court Case Type | | | | | | | | |
| **Child Information** | | | | | | | | | | | | | | | | | | | |
| Full Name (Initials are acceptable if preferred by court) | | | | | | | | Birthdate | | | | | | | | | Age | | |
| **Parent 1** Unknown  Deceased | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | | | Birthdate | | | | | | | | | | | |
| Address (Street, City, State, Zip Code) | | | | | | | | Telephone Number | | | | | | | | | | | |
| **Parent 2** Unknown  Deceased | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | | | Birthdate | | | | | | | | | | | |
| Address (Street, City, State, Zip Code) | | | | | | | | Telephone Number | | | | | | | | | | | |
| **Legal Guardian(s)** | | | | | | | | | | | | | | | | | | |
| Full Name | | | | Address (Street, City, State, Zip Code) | | | | | | | | | Telephone Number | | | | | |
|  | | | |  | | | | | | | | |  | | | | | |
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| **Legal Custodian(s)** | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | Address (Street, City, State, Zip Code) | | | | | | | | | Telephone Number | | | | |
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| **Proposed Guardian(s)** | | | | | | | | | | | | | | | | | | |
| Guardian 1 Full Name | | | | | | | Telephone Number | | | | | | | | | | | |
| Guardian 2 Full Name | | | | | | | Telephone Number | | | | | | | | | | | |
| Address (Street, City, State, Zip Code) | | | | | | | | | | | | | | | | | | |
| ICWA Information (This section is not required to be completed for an Indian child who is under the jurisdiction of a tribal court.) | | | | | | | | | | | | | | | | | | | |
| Is the child an American Indian?  Yes  No  Unknown | | | | | | | | | | | | | | | | | | | |
| If “Yes”, provide the name of the American Indian Tribe or Band | | | | | | | | | | | | | | | | | | | |
| Has the Indian child’s Tribe been notified of these proceedings in accordance with ICWA and WICWA?  Yes  No | | | | | | | | | | | | | | | | | | | |
| Verification of American Indian status provided by | | | | | | | | | | | | | | | | | | | |
| **Uniform Custody Act** | | | | | | | | | | | | | | | | | | | |
| Indicate if there are any court orders in other jurisdictions regarding custody of this child. | | | | | | | | | | | | | | | | | | | |
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| **I.** | **Reason for the Petition** | | | | | | | | | | | | | | | | | | |
|  | The tribe, county department, Division of Milwaukee County Child Protective Services, or the Wisconsin Department of Children and Families is seeking permanency 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 Wis. Stats. s. 48.977(2) or a substantially similar tribal law. | | | | | | | | | | | | | | | | | | |
| **II.** | **Child’s Court History** | | | | | | | | | | | | | | | | | | |
|  | Date of Original Order | | Specific Finding  s.48.13 (     ) or a substantially similar tribal law  s.938.13(4) or a substantially similar tribal law | | | | | | | | | | | | | Date Order Expires | | | |
| **III.** | **Social History Information Regarding Proposed Legal Guardian(s)** | | | | | | | | | | | | | | | | | | |
|  | A. | Description of the proposed guardian(s)’s home, including any environmental safety concerns. | | | | | | | | | | | | | | | | | |
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|  | B. | Description of the proposed guardian(s)’s physical and mental health, including any known concerns. | | | | | | | | | | | | | | | | | |
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|  | C. | Description of the proposed guardian(s)’s strengths and weaknesses as it relates to caring long-term for the child. | | | | | | | | | | | | | | | | | |
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|  | D. | Background Checks (To be completed on all required persons in the household.) | | | | | | | | | | | | | | | | | |
|  |  | Was a criminal background check completed?  Yes  No | | | | | | | | Date Checked | | | | | | | | | |
|  |  | Results | | | | | | | | | | | | | | | | | |
|  |  | Was a CPS history records check completed?  Yes  No | | | | | | | | Date Checked | | | | | | | | | |
|  |  | Results | | | | | | | | | | | | | | | | | |
|  |  | Was a child welfare license check completed?  Yes  No | | | | | | | | Date Checked | | | | | | | | | |
|  |  | Results | | | | | | | | | | | | | | | | | |
|  | E. | Description of the proposed guardian(s)’s financial ability to provide long-term care for the child. | | | | | | | | | | | | | | | | | |
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| **V.** | **Best Interests of** **the Child** | | | | | | | | | | | | | | | | | | |
|  | Facts in support of transfer of guardianship, including why reunification and adoption/customary adoption are not in this child’s best interests. | | | | | | | | | | | | | | | | | | |
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|  | Has the agency attached the most recent Permanency Hearing Order containing court findings?  Yes  No | | | | | | | | | | | | | | | | | | |
|  | Has the agency discussed the duties and responsibilities of a legal guardian with the proposed guardian(s)?  Yes  No | | | | | | | | | | | | | | | | | | |
|  | Has the agency discussed the option and benefits of adoption/customary adoption with the proposed guardian(s) and confirmed that the prosposed guardian(s) is not interested in pursuing adoption/customary adoption at this time?  Yes  No | | | | | | | | | | | | | | | | | | |
| **VI.** | Parties’ Response to the Transfer of Legal Guardianship | | | | | | | | | | | | | | | | | | |
|  | Is the child in agreement with the transfer of legal guardianship? Include the date this was discussed with the child: | | | | | | | | | | | | | | | | | | |
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|  | Is the child’s parent(s) in agreement with the transfer of legal guardianship? Include the date this was discussed with the child’s parent(s): | | | | | | | | | | | | | | | | | | |
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|  | Is the proposed guardian(s) in agreement with transfer of legal guardianship? Include the date this was discussed with the proposed guardian(s): | | | | | | | | | | | | | | | | | | |
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| **VII.** | Agency’s Recommendations | | | | | | | | | | | | | | | | | | |
|  | Transfer Legal Guardianship and Custody to       and continue services. | | | | | | | | | | | | | | | | | | |
|  | Explain reason: | | | | | | | | | | | | | | | | | | |
|  | Transfer Legal Guardianship and Custody to       and discontinue services. | | | | | | | | | | | | | | | | | | |
|  | Explain reason: | | | | | | | | | | | | | | | | | | |
|  | Transfer Legal Guardianship and Custody to      , proposed guardian(s) will receive subsidized guardianship payments, and the court order continuing the placement of the child outside of their home is dismissed or terminated. | | | | | | | | | | | | | | | | | | |
|  | Explain reason: | | | | | | | | | | | | | | | | | | |
| **VIII.** | **Signatures** | | | | | | | | | | | | | | | | | | |
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|  | Agency Representative’s Full Name | | | | | | | | | | |  | | |  | | |  | |
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|  | Agency Representative’s Signature | | | | | | | | | | |  | | | Date Signed | | |  | |
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|  | Agency Supervisor’s Full Name | | | | | | | | | | |  | | |  | | |  | |
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|  | Agency Supervisor’s Signature | | | | | | | | | | |  | | | Date Signed | | |  | |
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