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| **STATE OF WISCONSIN, CIRCUIT COURT,** **COUNTY** | | | | |  |
| IN THE INTEREST OF    Name    Date of Birth | | | **Notice of**  **Change in Placement**  **Out-of-Home to Out-of-Home**  **Out-of-Home to In-Home**  **In-Home to In-Home**  Case No. | |
|  | | | | | |
| 1. | The child/juvenile is currently under a  temporary physical custody order.  dispositional order. | | | | |
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| 2. | The provisions of the Indian Child Welfare Act do not apply. *(For an Indian child who is placed out-of-home, use the Indian Child Welfare Act version (IW-1754) of this form.)* | | | | |
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| 3. | The placement | | | | |
|  | A. | will be changed on [Date]       , *which is at least ten (10) days after the notice was filed with the court.* This change  was  was not authorized in the temporary physical custody/dispositional order. | | | |
|  |  | If you object to the change in placement, a written objection must be filed with the court within ten (10) days after filing of this notice. If you file a written objection, the court will schedule a hearing. Copies of the objection should be sent to all parties. If this change in placement was authorized in the current order, your objection must state new information that affects the advisability of the order. | | | |
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|  | Give reason for new placement, why it is preferable and how it satisfies any treatment plan ordered by the court: | | | | |
|  | B. | was changed on [Date]       due to emergency conditions necessitating an immediate change. *This notice was sent within 48 hours after the emergency change in placement.* | | | |
|  |  | If you object to the change in placement, a written objection must be filed with the court within ten (10) days after filing of this notice. If you file a written objection, the court will schedule a hearing.Copies of the request for a hearing should be sent to all parties. | | | |
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|  | Give reason for new placement, describe emergency conditions necessitating an immediate change, why it is preferable and how it satisfies any treatment plan ordered by the court: | | | | |
| 4. | Reasonable efforts to place the child/juvenile in a placement that enables the sibling group to remain together were  made by  not required because the child/juvenile does not have siblings in out-of-home care.  not required because it would be contrary to the safety or well being of the child/juvenile or any of the siblings because | | | | |
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| 5. | Name and address of new placement: | | | | |
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| 6. | If placement continues to be outside the home, the parents/guardian/legal custodian/trustee may be required to pay support for the placement. | | | | |
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| Distribution:  1. Court  2. Child/Juvenile  3. Parents/Guardian/Legal Custodian  4. Foster Parent/Physical Custodian  5. Case Worker/District Attorney/Corporation Counsel  6. Child/Juvenile’s Attorney/GAL  7. Other: | | | | Case Worker/District Attorney/Corporation Counsel    Name Printed or Typed    Address    Email Address Telephone Number    Date State Bar No. (if any) | |