**Notice of Extension of**

**Informal Disposition Agreement**

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/ Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address of Parent/ Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/ Zip

In the interest of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Name of Child/Juvenile Date of Birth

You are hereby informed that the Division of Milwaukee Child Protective Services (DMCPS) seeks to extend the expiration of the terms of the informal disposition agreement that was signed

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and originally due to expire on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date IDA Signed Original expiration date Proposed expiration date

You have the right to object to this extension. If you object, the Division of Milwaukee Child Protective Services may request that the District Attorney file a petition alleging that your child is in need of protection or services under §48.13 Stats.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Worker

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency

For the Parent/Guardian

I am in receipt of the notice of extension of informal disposition, which was signed on

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and originally due to expire on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Date IDA Signed Original expiration date

I agree to extend the information disposition agreement until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Expiration date

I object to extension of the information disposition agreement and understand this may result in the District Attorney filing a petition requesting that my child be found in need of protection or services.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date