## 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 |
|       |       |       |
|       |       |       |
| **Legal Custodian(s)** |
| Full Name | Address (Street, City, State, Zip Code) | Telephone Number |
|       |       |       |
|       |       |       |
| **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. |
|       |
| **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. |
|  |  |       |
|  | B.  | Description of the proposed guardian(s)’s physical and mental health, including any known concerns. |
|  |  |       |
|  | C.  | Description of the proposed guardian(s)’s strengths and weaknesses as it relates to caring long-term for the child. |
|  |  |       |
|  | 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. |
|  |  |       |
| **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. |
|  |       |
|  | 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: |
|  |       |
|  | 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): |
|  |       |
|  | Is the proposed guardian(s) in agreement with transfer of legal guardianship? Include the date this was discussed with the proposed guardian(s): |
|  |       |
| **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** |
|  |       |  |  |  |
|  | Agency Representative’s Full Name |  |  |  |
|  |  |  |       |  |
|  | Agency Representative’s Signature |  | Date Signed |  |
|  |       |  |  |  |
|  | Agency Supervisor’s Full Name |  |  |  |
|  |  |  |       |  |
|  | Agency Supervisor’s Signature |  | Date Signed |  |
|  |  |  |  |  |