**Notice of Extension of Informal Disposition Agreement**

Date

Name

Address

City/State/Zip Code

Dear Name:

On Date, you entered into an Informal Disposition Agreement with the Division of Milwaukee Child protective Services. This agreement is in effect until Date. At this time, we are informing you that the Agreement will be extended until Date. During the extension, all the original obligations will remain in effect. Please see attached *Informal Disposition Agreement* for the list of obligations.

Should you object to this extension, contact your Intensive In-Home Services Case Manager, Name at Telephone Number no later than Date. Should you not contact your worker by this date, this agreement will be officially extended until Date.

Sincerely,

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

**SIGNATURE** – Family Head Print Name of Family Head Date Signed

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

**SIGNATURE** – Case Manager Print Name of Case Manager Date Signed

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**SIGNATURE** – Assistant District Attorney Print Name of Assistant District Attorney Date Signed

CC: SaintA/CHWCS Intensive In-Home Program Manager

SaintA/CHWCS Intensive In-Home Services Case Manager

Assistant District Attorney

Scan signed copy / eWiSACWIS Court tab

DCF-F-2906-E (R. 10/2015)