**Notice of Termination of Informal Disposition Agreement**

Name

Address

City/State/Zip Code

Dear Name:

On Date your family entered into an Informal Disposition Agreement with the Division of Milwaukee Child Protective Services. This agreement required you to meet specific obligations, which you agreed to follow. Please see attached *Informal Disposition Agreement* form regarding the obligations agreed upon.

On Date, Name Case Head, Family Member, or ADA Making Notification notified the Bureau of Milwaukee Child Welfare of his / her intent to terminate the Informal Disposition Agreement for the following reason(s):

As a result, the Informal Disposition Agreement has been terminated as of Date and the Division of Milwaukee Child Protective Services may proceed with formal court intervention and may request a CHIPS (Child in Need of Protection or Services) order.

Should you have any questions about this process or have concerns you would like to discuss, call Name at Telephone Number immediately.

Sincerely,

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

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**SIGNATURE** – Supervisor Print Name of Supervisor Date Signed

CC: SaintA/CHWCS Intensive In Home Services Case Manager

SaintA/CHWCS Intensive In Home Services Program Manager

Assistant District Attorney

Scan signed copy / eWiSACWIS Court tab

DCF-F-2907-E (R. 10/2015)