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| **DMCPS Permanent Guardianship Request**  This document is to be used to assist the contracted agencies performing Ongoing Case Management and the DCF Office of Legal Counsel (OLC) when DMCPS determines it is appropriate to petition the Court for Permanent Guardianship of a child. This form is to be used to assist OLC in the creation of the Permanent Guardianship petition. This document replaces the previously used form found on Milwaukee County’s website *(Minor Guardianship Questionnaire 1877-1 R2).* This document is to be used in conjunction with GF-150 *(10/06 Uniform Child Custody Jurisdiction and Enforcement Act Affidavit).* Both forms MUST be submitted and completed to allow OLC to process the request. | | | |
| **General Information** | | | |
| Date of Request | | Ongoing Agency | |
| Name – Case Manger | Name – Supervisor | | Name – Program Manager/Director |
| **Child Information** | | | |
| Child Name | Child’s DOB | | Family eWiSACWIS # |
| **Parent/Guardian Information**   |  |  |  | | --- | --- | --- | | **Name** | **DOB** | **Address and telephone number** | |  |  |  | |  |  |  | | | | |
| Has there been a paternity ruling regarding the father?  Yes *(enter date of ruling and PA number:      )*  No  N/A | | | |
| Does the child have brothers/sisters?  Yes  No  *If yes, please complete the following:*   |  |  |  |  | | --- | --- | --- | --- | | **Name** | **DOB** | **Address and telephone number** | **Name of child’s current caregiver** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | |
| **Information needed for Petition** | | | |
| Describe, in detail, the reasons the child’s mother and/or father are either unfit or unable to make decisions that affect the welfare of the child:  Parents are deceased (*date of death*      )  Other, please describe: | | | |
| Does the child have contact with the mother or father? Describe below.  Contact with mother:  Contact with father: | | | |
| Describe, in detail, why the DMCPS should obtain guardianship.  *What are the needs of the child? What efforts have been made to engage the mother and/or father to meet these needs?* | | | |
| Future Court Activity (Branch, Date, Time and Type of Hearing): | | | |
| **Petition Service Information** | | | |
| All interested parties must be served notice of the Guardianship petition. Please include name, addresses and phone numbers for any party that must be served. Include any of the following:   1. *Children over the age of 14* 2. *Biological or Adoptive Parents* 3. *Alleged fathers* 4. *Legal parties (ADA, GAL, Public Defender, Parent(s) Attorneys, etc.)* 5. *Previous guardians or individuals who believe they should be considered for guardianship* 6. *Any placement where the child has been residing for the past 60 days (including placement dates in the reason for notice)* | | | |
| |  |  |  | | --- | --- | --- | | **Contact Information** | | **Reason for Notice** | | Case Participant Name  Mailing Address  Telephone Number |  |  | | Case Participant Name  Mailing Address  Telephone Number |  |  | | Case Participant Name  Mailing Address  Telephone Number |  |  | | Case Participant Name  Mailing Address  Telephone Number |  |  | | Case Participant Name  Mailing Address  Telephone Number |  |  | | Case Participant Name  Mailing Address  Telephone Number |  |  | | Case Participant Name  Mailing Address  Telephone Number |  |  | | Case Participant Name  Mailing Address  Telephone Number |  |  | | Case Participant Name  Mailing Address  Telephone Number |  |  | | Case Participant Name  Mailing Address  Telephone Number |  |  | | | | |
| **For DMCPS Internal Use Only:** | | | |
| Date received: | | Completed on: | |