

**Request for Temporary Physical Custody or Pick-Up Order  
DMCPS Job Aid for a Pick-Up Order Request**

*All fields below are required unless otherwise noted. Many fields within this form are pre-filled in eWiSACWIS. See [DMCPS Pick-Up Order Policy](#) for more details and visit the Milwaukee specific forms page: <https://dcf.wisconsin.gov/mcps/worker-forms>*

|               |                  |        |             |
|---------------|------------------|--------|-------------|
| Name - Worker | Telephone Number | County | Site / Zone |
|---------------|------------------|--------|-------------|

Court Number \_\_\_\_\_

**I. Family Composition**

1. CHIPS Child - List oldest child first.

|   |           |                  |
|---|-----------|------------------|
| <b>Child</b>                            |           |                  |
| Name (Last, First, MI)                  | Birthdate | Age              |
| Address (Street, City, State, Zip Code) |           | Telephone Number |

|   |           |
|---|-----------|
| <b>Mother</b> <input type="checkbox"/> Unknown <input type="checkbox"/> Deceased  |           |
| Name (Last, First, MI) Status: <input type="checkbox"/> Birth <input type="checkbox"/> Adoptive   | Birthdate |
| Address (Street, City, State, Zip Code)   |           |
| Telephone Number  |           |
| Marital Status<br><input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced |           |
| Name - Spouse   |           |

|   |           |
|---|-----------|
| <b>Father</b> <input type="checkbox"/> Unknown <input type="checkbox"/> Deceased  |           |
| Name (Last, First, MI)  | Birthdate |
| Address (Street, City, State, Zip Code)   |           |
| Telephone Number  |           |
| Marital Status<br><input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced |           |
| Name - Spouse   |           |
| Status: <input type="checkbox"/> Adjudicated <input type="checkbox"/> Adoptive <input type="checkbox"/> Alleged <input type="checkbox"/> Presumptive  |           |

2. List any other children who are part of this family but have not been taken into Temporary Physical Custody at this time. This includes adult children, and children who have been previously involved in a termination of parental rights.

|              |           |                            |
|--------------|-----------|----------------------------|
| Name - Child | Birthdate | Address - Include Zip Code |
|--------------|-----------|----------------------------|

3. Guardian, Legal Custodian, or Indian Custodian if different than natural parents: relationship, where and when order made.

|              |         |
|--------------|---------|
| Name - Child |         |
| Name -       | Address |

4. Date and time of decision to hold in custody. Case must appear before the Court within 48 hours of the date and time listed below.

|                   |      |
|-------------------|------|
| Date (mm/dd/yyyy) | Time |
|-------------------|------|

5.  Yes  No Is disclosure of location dangerous to child or custodian?  
If "Yes", explain why the disclosure would result in imminent danger to the child or physical custodian.

6. Where is the child presently placed?

|                          |
|--------------------------|
| <b>Current Caregiver</b> |
|--------------------------|

Commented [MVH1]: If applicable

|   |                                      |                       |
|---|--------------------------------------|-----------------------|
| Name - Child (Last, First, MI)          |                                      |                       |
| Name - Caregiver 1 (Last, First, MI)    | Name - Caregiver 2 (Last, First, MI) | Relationship to Child |
| Address (Street, City, State, Zip Code) |                                      | Telephone Number      |

7. Placement Requested

|   |   |
|---|---|
| <input type="checkbox"/> Home of Parent or Guardian           | <input type="checkbox"/> Adolescent Assessment Center or Placement Stabilization Center |
| <input type="checkbox"/> Home of Relative                     | <input type="checkbox"/> Home of Non-Relative   |
| <input type="checkbox"/> Foster Home or Treatment Foster Home | <input type="checkbox"/> Other Non-Secure Facility                                      |
| <input type="checkbox"/> Hospital (excluding psychiatric)     |   |

Commented [MVH2]: Check all. This field must be completed

8. Other Orders Requested

Commented [MVH3]: If applicable, specifically state what you'd like the court to do

9. Visitation Required - Check one.

|  |
|--|
| <input type="checkbox"/> At the discretion of the Agency               |
| <input type="checkbox"/> Supervised by the Agency or an approved adult |
| <input type="checkbox"/> Upon mutual desire                            |

Commented [MVH4]: Not applicable to pick up order requests

10. List all the people who will appear at the emergency hearing. Note: All children 12 years of age and older must appear.

**II. Worksheet**

1.  Yes  No Is there a language barrier?  
If "Yes", what is the primary language spoken by the: Parent - \_\_\_\_\_ Child - \_\_\_\_\_

2. Name: \_\_\_\_\_  
 Yes  No Is the child an American Indian?  
If Yes, name of American Indian Tribe or Band: \_\_\_\_\_

Yes  No If the above child is American Indian, has the Tribe been notified of these proceedings?  
Verification of American Indian status provided by: \_\_\_\_\_

3.  Yes  No Was written notification given to parents, guardians, and / or tribe? If "Yes", specify where and when. \_\_\_\_\_

4. List the date and time the Department received the current referral.  
Date \_\_\_\_\_ Time \_\_\_\_\_

5. Summarize \_\_\_\_\_ history or out of town court activity. Include findings, dates, placements, orders, etc.

Commented [MVH5]: If applicable.

**NOTE: If there is a dispositional order, complete the information below.**

On \_\_\_\_\_ said child \_\_\_\_\_ was found to be in need of protection or services pursuant to Wis. Stats. s. 48.13 ( \_\_\_\_\_ ). Based upon finding, the Honorable \_\_\_\_\_ transferred legal custody of said child to \_\_\_\_\_ for a period of \_\_\_\_\_. That order now expires on \_\_\_\_\_. Said child was placed with \_\_\_\_\_ under the court's order.

6. List parents' criminal court contacts. \_\_\_\_\_

7. Family Information (Who are the household members; what are their DOB's; what is their usual address; what is the current location of each family member (if different from their usual address); are there additional family members who are not typically part of the household who are now involved, if so who are they and how are they involved; and what are the family's financial resources (employment, child support, social security benefits, etc.?) \_\_\_\_\_

8. What was the original cause for concern that led the Bureau to make contact and intervene? \_\_\_\_\_

9. Detailed description of the actions taken (TPC) to protect the child(ren) and why, including options considered to prevent removal (i.e. Danger threats identified; options considered, available, appropriateness; caregiver involvement in the decision; and location of the children) \_\_\_\_\_

Commented [MVH6]: Only applicable, if taking TPC

10. Summary of the incident based on Bureau contacts and information gathered (i.e. Who went out to gather information; who was observed, interviewed, over what span of time; and what are the conclusions thus far regarding what happened, how it happened, explanations and attitudes of principle parties, effects on the children?) \_\_\_\_\_

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11. Any pertinent history that supports the premise that the incident may not be an anomaly and/or the dangerous conditions are a pattern?
- 
12. Information gathered thus far that helps understand more than the incident: (i.e. The general functioning of all the children; the general functioning of all the adult caregivers; the general approach to and methods of discipline used; the general parenting by the adult caregivers; and other forms of maltreatment that may be happening)
- 
13. Justification for Recommendations at hearing (i.e. Why continuing/discontinuing TPC?; How does information gathered between the date of taking TPC and the TPC hearing support the continuance/discontinuance of TPC? Frequency and type of family contact between the TPC hearing and the next hearing?)
- 
14. Next steps recommended for inclusion in the order (i.e. Any immediate child/family needs that must be addressed; continued information gathering by Bureau; and cooperation by family with next steps)
- 
15. List all witnesses and information they will provide, including records or pictures available; e.g., hospital, doctor, school, etc.
- 
16. What is your plan at this time?
- 

Commented [MVH7]: Required information. This is still an applicable field if TPC is not being taken or planned.

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**III. Signatures**

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\_\_\_\_\_  
Name - Worker

\_\_\_\_\_  
**SIGNATURE** - Worker

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name - Supervisor

\_\_\_\_\_  
**SIGNATURE** - Supervisor

\_\_\_\_\_  
Date Signed