

IN THE INTEREST OF

Amended

Name _____

**Temporary Physical Custody
Request (Chapter 48)
Indian Child Welfare Act**

Date of Birth _____

Referring Agency Case Number _____

Intake Case Number _____

Child's Name (Last, First, Middle)	Child's Date of Birth	Child's Place of Birth	Child's Tribal Affiliation	Child's Home Telephone No.	Child's Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Child's Address					

If address is on a reservation, which tribe is associated:	Why was child taken into custody? (§§48.19, 48.193 or 48.195, Wis. Stats.)
Child's County of Residence	<input type="checkbox"/> Warrant/capias <input type="checkbox"/> Child suffering from illness, injury or other danger <input type="checkbox"/> Order by judge <input type="checkbox"/> Violation of terms of court-ordered supervision <input type="checkbox"/> Runaway <input type="checkbox"/> Violation of conditions of temporary custody order <input type="checkbox"/> Relinquishment <input type="checkbox"/> Serious health risk to unborn child

Mother's Name and Address <input type="checkbox"/> See attached for additional parties.	Mother's Date of Birth	Mother's Place of Birth	Mother's Tribal Affiliation	Mother's Home Phone No.	Mother's Work Phone No.
Legal Status: <input type="checkbox"/> Birth <input type="checkbox"/> Adjudicated <input type="checkbox"/> Adoptive <input type="checkbox"/> Marital <input type="checkbox"/> Alleged <input type="checkbox"/> Unknown					

Father's Name and Address <input type="checkbox"/> See attached for additional parties.	Father's Date of Birth	Father's Place of Birth	Father's Tribal Affiliation	Father's Home Phone No.	Father's Work Phone No.
Legal Status: <input type="checkbox"/> Birth <input type="checkbox"/> Adjudicated <input type="checkbox"/> Adoptive <input type="checkbox"/> Marital <input type="checkbox"/> Alleged <input type="checkbox"/> Unknown					

Legal Guardian/Indian Custodian's Name and Address	Date of Birth	Place of Birth	Tribal Affiliation	Home Phone No.	Work Phone No.
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Other known information in regard to tribal affiliation or enrollment, including all potential tribes that the child may be a member and aliases or enrollment numbers of parents, grandparents, or other direct lineal ancestors:

Is an interpreter needed? No Yes Language(s) _____ Party Name(s) _____

Date and Time Taken Into Custody	Taken Into Custody By	Agency
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The parents notified by referring party? Yes (Date and Time) No
Additional information on notice:

Why was child not released?

Supporting facts of reason why child was taken into physical custody (§48.20(3), Wis. Stats.):
 See attachment (JC-1609 Temporary Physical Custody Request Supplement)

Copy provided to child, if age 12 or over: Yes No

Was child (12 years or older) notified of right to counsel? (§48.20(7)(a) or §48.203(6)(a), Wis. Stats.)
 Yes No

Were notice of custody decision and hearing rights provided? (§48.20(8), Wis. Stats.)	If no, what ongoing efforts have been made to notify?
Mother: <input type="checkbox"/> Yes, Date _____ Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> No	
Father: <input type="checkbox"/> Yes, Date _____ Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> No	

Indian Custodian:	If parent(s)/Indian custodian are unknown, what efforts have been made to locate or contact?
<input type="checkbox"/> Yes, Date _____ Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> No	
Tribes: <input type="checkbox"/> Yes, Date _____ Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> No	

Child (12 years or older):	
<input type="checkbox"/> Yes, Date _____ Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> No	

Intake Worker Complete	Jurisdictional Basis: <input type="checkbox"/> 1. No Jurisdiction. <input type="checkbox"/> 2. CHIPS: §48.13, Wis. Stats. _____		
	Custody Criteria: (§48.205, Wis. Stats.) <input type="checkbox"/> 1. Child will: <input type="checkbox"/> cause injury to self. <input type="checkbox"/> be subject to injury by others. <input type="checkbox"/> run away or be taken away so as to be unavailable for further court proceedings. <input type="checkbox"/> 2. Parent, guardian, legal custodian or other responsible adult is: <input type="checkbox"/> neglecting <input type="checkbox"/> refusing <input type="checkbox"/> unable <input type="checkbox"/> unavailable to provide adequate supervision and care.		
	Placement Decision: <input type="checkbox"/> 1. Child released. <input type="checkbox"/> 2. Nonsecure custody: (§48.207, Wis. Stats.) <input type="checkbox"/> A. At the home of a <input type="checkbox"/> parent. <input type="checkbox"/> relative. <input type="checkbox"/> guardian. <input type="checkbox"/> person not a relative. <input type="checkbox"/> B. At licensed foster home, treatment foster home, or group home. <input type="checkbox"/> C. At non-secure facility operated by a licensed child welfare agency. <input type="checkbox"/> D. At licensed private or public shelter care facility (including holdover room). <input type="checkbox"/> E. At hospital or physician's office if the child is believed to be suffering from a serious physical condition which requires either prompt diagnosis or prompt treatment. <input type="checkbox"/> F. At licensed treatment facility approved by the county as the child is believed to have a mental illness or developmental disability or to be drug dependent and exhibits conduct that constitutes a substantial probability of physical harm to the child or to others, or a very substantial probability of physical impairment or injury to the child exists due to the impaired judgment of the child. <input type="checkbox"/> G. At approved public treatment facility for emergency treatment as the child is believed to be an intoxicated person who has threatened, attempted or inflicted physical harm on himself or herself or on another and is likely to inflict such physical harm unless committed, or is incapacitated by alcohol. <input type="checkbox"/> H. At the county children's home. <input type="checkbox"/> 3. Secure custody because: (§48.208, Wis. Stats.) <input type="checkbox"/> A. A protective order has been issued and the child consents in writing to the placement. <input type="checkbox"/> B. Child has run away or committed a delinquent act while in nonsecure custody. <input type="checkbox"/> 4. This is a secure custody placement in a jail because: (§48.209, Wis. Stats.) <input type="checkbox"/> A. No other approved juvenile detention facility is available. <input type="checkbox"/> B. Child is a substantial risk of physical harm to others in a juvenile detention facility.		
	Placement in the home is contrary to the welfare of the child, due to: <input type="checkbox"/> See attachment (JC-1609 Temporary Physical Custody Request Supplement)		
	Efforts made to prevent removal and return the child safely to the home include: <input type="checkbox"/> See attachment (JC-1609 Temporary Physical Custody Request Supplement)		
	Emergency removal and placement outside of the home is necessary to prevent imminent physical damage or harm to the Indian child because:		
	Name of Placement <input type="checkbox"/> Not disclosed to parent due to imminent danger	Address	Telephone Number
	<input type="checkbox"/> The placement is certified as a Qualified Residential Treatment Program. The standardized assessment and recommendation by a qualified individual <input type="checkbox"/> are attached <input type="checkbox"/> will be submitted by: _____. [No later than 30 days from date of placement]		
	Special precautions/information concerning child/family:		
	Signature of Intake Worker	Date and Time Custody Authorized	Date and Time of Custody Hearing