

IN THE INTEREST OF

Amended

**Petition for Protection or Services
(Chapter 938)
Indian Child Welfare Act**

Name _____

Date of Birth _____

Case No. _____

I state on information and belief that the following is true: [if unknown or cannot be ascertained, so state]

1. **Petitioner's Name and Address** _____ **Petitioner's Attorney's Name and Address** _____

Juvenile's Date of Birth _____	Juvenile's Place of Birth _____	Juvenile's Tribal Affiliation _____	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Race _____	Height _____	Weight _____	Hair Color _____	Eye Color _____
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Juvenile's Street and City Address _____

Juvenile has previously been adopted? Yes No

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 _____
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 _____
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			

Other known information in regard to tribal affiliation or enrollment, including all potential tribes that the juvenile may be a member and aliases or enrollment numbers of parents, grandparents, or other direct lineal ancestors:

Guardian Legal Custodian Indian Custodian Foster Parent Spouse, if any. If none of preceding, nearest relative.

[Name] _____

[Address] _____

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

Juvenile in temporary custody? No Yes Date _____ Time _____ a.m. p.m.

Where held _____

Not disclosed—threat of imminent danger to juvenile/physical custodian.

2. Name and Address of Juvenile's School: _____

3. The petition alleges jurisdiction under §§938.13(4), (6), (6m), or (7), Wis. Stats. and the Juvenile is subject to federal Indian Child Welfare Act (25 USC §§1901-1963).
Indian tribe's name and address: _____

4. Under section(s) _____, the juvenile is in need of protection or services because: _____
 See attached

5. The juvenile is placed out of the home.
A. Continued custody of the juvenile by the parent or Indian custodian is is not likely to result in serious emotional or physical damage to the juvenile.

B. Active efforts were were not made to provide remedial services and rehabilitation programs designed to prevent the breakup of the Indian family.

See attached Statement of Active Efforts (IW-1609)

C. Placement in the home at this time is is not contrary to the welfare of the juvenile and the community.

D. Reasonable efforts to prevent removal were [Complete one of the following]

made by the department or agency responsible for providing services as follows:

made by the department or agency responsible for providing services, although an emergency situation resulted in immediate removal of the juvenile from the home as follows:

not required under §938.355(2d), Wis. Stats.

6. The person who took this juvenile into custody and the intake worker have made reasonable efforts to return the juvenile home while assuring the juvenile's health and safety.

I request adjudication and entry of an appropriate dispositional order.

DISTRIBUTION:

- 1. Court
- 2. Juvenile
- 3. Juvenile's Guardian ad Litem/Adversary Counsel
- 4. Parents
- 5. Parents' Attorney(s)
- 6. Juvenile's Guardian/Legal Custodian/Physical Custodian
- 7. District Attorney/Corporation Counsel
- 8. Caseworker
- 9. Tribe
- 10. Indian Custodian

▶ _____
 District Attorney/Corporation Counsel/Petitioner

 Name Printed or Typed

 Address

 Email Address Telephone Number

 Date State Bar No. (if any)