

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE INTEREST OF J. Doe, an unborn child, and

Petition for Protection or Care of an Unborn Child (Chapter 48)

Name

Case No. _____

Date of Birth

I STATE ON INFORMATION AND BELIEF THAT THE FOLLOWING IS TRUE: [If unknown or cannot be ascertained, so state]

1. The estimated gestational age of the unborn child is _____ weeks.

Expectant Mother's Street and City Address		
If expectant mother is a child (17 or under)	Parent 1's Name and Address	Parent 1's Birthdate
	Parent 2's Name and Address	Parent 2's Birthdate
	Name and Address of Guardian, Legal Custodian, Spouse, if any	
If expectant mother is an adult (18 or over): Spouse's name and address, or if no spouse, nearest relative's name and address		
Expectant mother in temporary physical custody? <input type="checkbox"/> No <input type="checkbox"/> Yes: Date/Time: _____ Where held: _____ <input type="checkbox"/> Not disclosed - threat of imminent danger to unborn child/expectant mother/physical custodian.		
Unborn child, when born, may be subject to federal Indian Child Welfare Act? (25 USC §§1901-1963) <input type="checkbox"/> No <input type="checkbox"/> Undetermined (Explain: _____) <input type="checkbox"/> Yes: Tribe/address: _____		
Is an interpreter needed? <input type="checkbox"/> No <input type="checkbox"/> Yes Language(s) _____ Party Name(s) _____		

2. The unborn child is in need of protection or care.

3. The expectant mother is in need of supervision, services, care or rehabilitation.

4. The reliable and credible information which forms the basis for the allegations, including the conduct or circumstances to be considered by the court is See attached

I request adjudication and entry of an appropriate dispositional order.

DISTRIBUTION:

1. Court
2. Unborn Child's Guardian ad Litem
3. Adult Expectant Mother
4. Expectant Mother's Attorney
5. Physical Custodian of Expectant Mother
6. Child Expectant Mother – if 12 years or older
7. Parents/Guardian/Legal Custodian of a Child Expectant Mother
8. District Attorney/Corporation Counsel
9. Caseworker
10. Tribe
11. Indian Custodian

Signature: District Attorney/Corporation Counsel Counsel /GAL of Expectant Mother GAL of Unborn Child	
Name Printed or Typed	
Address	
Email Address	Telephone Number
Date	State Bar No. (if any)