

IN THE INTEREST OF

Request for Transition to Discharge Hearing

Name

Case No. _____

Date of Birth

Child/Juvenile's Street and City Address	
Parent 1's Name	Parent 1's Address
Parent 2's Name	Parent 2's Address
Guardian, Legal/Physical Custodian, Foster Parent	Address
Other	Address


The child/juvenile is placed in out-of-home care in the above captioned case, is a full-time student in a secondary school or its equivalent, and an individualized education program is in effect. When I met with the child/juvenile as required under §§48.366(2)(a) or 938.366(2)(a), Wis. Stats., the child/juvenile indicated that he/she wishes to discharge from out-of-home care when the dispositional order terminates on [Date] _____.

I request that the Court hold a Transition to Discharge Hearing prior to the termination date to advise the child/juvenile of the following options:

- Discharge from out-of-home care on termination of the dispositional order;
- Continued placement in out-of-home care under an extension of the dispositional order; or
- Re-enter out-of-home care through a Voluntary Transition to Independent Living Agreement at any time before he/she is granted a diploma or reaches 21 years of age, whichever occurs first.

DISTRIBUTION:

1. Court
2. Child/Juvenile
3. Child's/Juvenile's Guardian ad Litem/Adversary Counsel
4. Parents
5. Parents' Attorney(s)
6. Child's/Juvenile's Guardian/Legal Custodian
7. Relative Caregiver/Foster Parent
8. District Attorney/Corporation Counsel
9. Caseworker
10. Court Appointed Special Advocate (CASA)
11. Tribe
12. Indian Custodian

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 Signature of Agency Representative

 Name Printed or Typed

 Address

 Email Address Telephone Number

 Date State Bar No. (if any)