STATE OF WISCONSIN, CIRCUIT COURT,	COUNTY
IN THE MATTER OF THE Adoptive Placement of Adoption of	Order for Hearing and Investigation Adoptive Placement Adoption
Name	— ·
Date of Birth	Case No
A Petition for 🗌 adoptive placement 🛛 adop	otion has been filed by [Name]
THE COURT ORDERS:	
 Agency name: Agency address: Agency phone: shall conduct an investigation and file a regime 5 days prior to the hearing for ado 10 days prior to the hearing for add 	port with the court ptive placement.
2. The hearing shall be held on [Date] at [Location]	, at [Time],
3. Petitioner shall give notice of the hearing by mailing a copy of this order to interested persons.	
If you require reasonable accommodations due to a disability to participate in the court process, please call prior to the scheduled court date. Please note that the court does not provide transportation.	
Name of Attorney	
Address	
Telephone Number Bar Number	
DISTRIBUTION: 1. Court 2. Child - if 12 years old or older 3. Child's Guardian ad Litem/Adversary Counsel 4. Birth Mother 5. Birth Father 6. Adoptive Parents 7. Parents' Attorney(s) 8. Adoption Agency 9. Tribe 10. Indian Custodian	