

IN THE INTEREST OF

**Temporary Physical Custody Request
(Chapter 48)**

Name _____

Case No. _____

Date of Birth _____

	Referring Agency Case Number		Intake Case Number	
Requesting Agency Complete	Child's/Expectant Mother's Name [Last, First, Middle]		<input type="checkbox"/> African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Unknown <input type="checkbox"/> Other	
	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	Child's/Expectant Mother's Address		If American Indian or Alaskan Native, list tribe: <i>If an Indian child, use the Indian Child Welfare Act version (IW-1608) form.</i>	
	Telephone Number	Why was child/expectant mother taken into custody? (§§48.19, 48.193 or 48.195, Wis. Stats.)		
	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		
	Parent 1's Name and Address		Parent 1's Date of Birth	Parent 1's Home 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			Parent 1's Work Phone No.
	Parent 2's Name and Address		Parent 2's Date of Birth	Parent 2's Home 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			Parent 2's Work Phone No.
	Legal Guardian's Name and Address		Date of Birth	Home Phone Number
				Work Phone Number
	Is an interpreter needed? <input type="checkbox"/> No <input type="checkbox"/> Yes Language(s) _____ Party Name(s) _____			
Date and Time Taken Into Custody	Taken Into Custody By		Agency	
The parents notified by referring party? <input type="checkbox"/> Yes [Date and Time] <input type="checkbox"/> No Additional information on notice:				
Why was child/expectant mother not released?				
Supporting facts of reason why child/expectant mother was taken into physical custody (§48.20(3), Wis. Stats.): <input type="checkbox"/> See attachment (JC-1609 Temporary Physical Custody Request Supplement)				
Copy provided to child/expectant mother, if age 12 or over: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Intake Worker Complete	Was child (12 years or older) or expectant mother notified of right to counsel? (§48.20(7)(a) or §48.203(6)(a), Wis. Stats.) <input type="checkbox"/> Yes <input type="checkbox"/> 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?	
	Parent 1: <input type="checkbox"/> Yes, Date and Time: _____ <input type="checkbox"/> No Parent 2: <input type="checkbox"/> Yes, Date and Time: _____ <input type="checkbox"/> No Child (12 years or older) or expectant mother: <input type="checkbox"/> Yes, Date and Time: _____ <input type="checkbox"/> No			

Intake Worker Complete	Jurisdictional Basis: <input type="checkbox"/> 1. No Jurisdiction. <input type="checkbox"/> 2. CHIPS: §48.13 _____ <input type="checkbox"/> 3. UCHIPS: §48.133			
	Custody Criteria: (§48.205, Wis. Stats.) <input type="checkbox"/> 1. Child/Expectant Mother 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"/> cause serious health risk to unborn child (<i>UCHIPS only</i>). <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/Expectant Mother 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/expectant mother 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/expectant mother 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/expectant mother or to others, or a very substantial probability of physical impairment or injury to the child/expectant mother exists due to the impaired judgment of the child/expectant mother. <input type="checkbox"/> g. At approved public treatment facility for emergency treatment as the child/expectant mother 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"/> i. At a licensed community-based residential facility (<i>UCHIPS only</i>). <input type="checkbox"/> j. At home of friend of the adult expectant mother (<i>UCHIPS only</i>). <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/expectant mother, 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)			
	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/expectant mother/family			
	Signature of Intake Worker	Date and Time Custody Authorized	Date and Time of Custody Hearing	Date and Time of Release