	E OF WISCONSIN, CIRCUIT CO		
		Notice of Postdisposition Emergency Change in Placement and Hearing Request	
Name		(In-Home to Out-of-Home)	
Date of	Birth	Case No	
1.	The child/juvenile is currently un	nder a dispositional order.	
2.	The placement of the child/juver emergency conditions necessita	nile was changed on [Date] [Time] a.m ating an immediate change.	. 🗌 p.m. due to
3.	Describe the reasons for the new placement and the emergency conditions necessitating an immediate change:		
			See attached
4.	Name and address of new place	ement:	
5.	Placement in the home at this tir	me is contrary to the welfare of the child/juvenile because:	
6.	made by the department o	emoval were [Complete one of the following] or agency responsible for providing services as follows:	
		or agency responsible for providing services, although an emerg noval of the child/juvenile from the home as follows:	jency situation
	not required under §48.3	55(2d) or §938.355(2d), Wis. Stats.,	
7.	The child/juvenile is subject to the Indian Child Welfare Act, and emergency removal and placement outside of the home is is not necessary to prevent imminent physical damage or harm to the child/juvenile.		
8.	The new placement is certified as a Qualified Residential Treatment Program. The standardized assessment and recommendation by a qualified individual are attached will be submitted by: [No later than 30 days from date of filing of this request]		
9.	the change in placement,	ement hearing: ate] [Time] [a.m.] p.m., which is , excluding Saturdays, Sundays, and legal holidays. [Time] a.m.] p.m., [Location	
10.	A Request for Change in Placen Placement hearing.	ment (JD-1766/IW-1766) will be filed by the time of the Emerger	ncy Change in

11. A Request for Revision (JD-1766/IW-1766) may be filed to order/modify Conditions for Return for the parents.

DISTRIBUTION:

- 1. Court
- 2. Child/Juvenile
- 3. Child's/Juvenile's Guardian ad Litem/Adversary Counsel
- 4. Parents

- Parents' Attorney(s)
 Child's Guardian/Legal Custodian
 Relative or Like-Kin Caregiver/Foster Parent
 District Attorney/Corporation Counsel
- 9. Caseworker
- 10. Court Appointed Special Advocate (CASA)

11. Tribe

12. Indian Custodian

Caseworker/District Attorney/Corporation Counsel

Name Printed or Typed

Address

Telephone Number

Date

Email Address

State Bar No. (if any)