

IN THE MATTER OF

Amended

Name _____

Petition for

Protective Placement

Protective Services

Date of Birth _____

Case No. _____

UNDER OATH, I STATE:

1. I am interested as

Wisconsin Department of Health Services.

the county department or an agency with which the county department contracts.

a guardian.

an interested person. [Indicate relationship to individual] _____

Other: [Indicate relationship to individual] _____

2. This Petition is filed in the county in which the individual

resides.

is physically present due to extraordinary circumstances.

Other: _____

3. The individual resides in _____ County, State of _____, and the individual's mailing address is [Street, City, State, Zip] _____.

4. The names and mailing addresses of all interested parties (including the petitioner) and all others entitled to notice are as follows: **See attached**

NAME	RELATIONSHIP	MAILING ADDRESS [Street, City, State and Zip]

5. The individual, if married, does does not have children who are not of the current marriage.

6. The individual

does does not have a current, valid Financial Durable Power of Attorney activated.

Financial Agent Name _____ Phone Number _____

Mailing Address [Street] _____

[City, State, Zip] _____

does does not have a current, valid Power of Attorney for Health Care activated.

Health Care Agent Name _____ Phone Number _____

Mailing Address [Street] _____

[City, State, Zip] _____

does does not have other advance planning to avoid protective placement.

If the above-named power of attorney or advanced planning exist, protective placement is still necessary because: _____

See attached

7. A. A Petition for Permanent Guardianship is filed with this Petition.

B. A guardian was appointed in

this county.

- another county in this state. [Name of guardian and county where appointed] _____
- another state. [Name of guardian and state where appointed] _____

8. The name and mailing address of the person(s) or institution, if any, that has care and custody of the individual or the facility, if any, that is providing care to the individual is:

Name _____ Phone Number _____

Mailing Address _____

Type of facility: community based residential facility

Is this facility licensed for 16 or more beds? Yes No

intermediate facility center for developmentally disabled nursing facility

Other: _____

9. I am requesting protective placement and/or protective services for the individual, based upon personal knowledge of the individual, and I state

A. the individual is eligible for protective placement because the individual

has attained the age of 18.

is alleged to have a developmental disability and has attained the age of 14.

B. a Petition for adult Protective Placement is initiated not more than 6 months prior to the individual's birthday at which the individual first becomes eligible for placement.

C. the individual was adjudicated incompetent in Wisconsin more than 12 months before the filing of this Petition for Protective Placement and/or Protective Services and a court review is required of the finding of incompetency.

D. the non-resident individual has a need for protective placement and/or protective services and a separate Petition to Transfer a Foreign Guardianship was filed whether the individual is present in the state.

E. a comprehensive evaluation and community plan (if required) and recommendation for placement by the appropriate board or designated agency is filed. will be filed.

A copy of the comprehensive evaluation and any independent comprehensive evaluation will be provided to the individual's guardian, agent under any activated health care power of attorney, guardian ad litem, the individual and the individual's attorney **at least 96 hours in advance of the hearing** to determine protective placement or protective services.

FOR PROTECTIVE PLACEMENT

10. A. The individual needs protective placement and **meets the standards** for protective placement specified in §55.08 (1), Wis. Stats., as follows:

1) the individual has a primary need for residential care and custody.

2) except in the case of a minor that is age 14 or older, who is alleged to have a developmental disability, the individual has either been adjudicated to be incompetent by a circuit court or a petition for guardianship was submitted on the minor's behalf;

3) as a result of a developmental disability
 degenerative brain disorder
 serious and persistent mental illness
 other like incapacities,

the individual is so totally incapable of providing for his or her own care or custody as to create a substantial risk of serious harm to himself or herself or others. Serious harm may be evidenced by overt acts or acts of omission.

4) the individual has a disability that is permanent or likely to be permanent.

B. The specific facts and details of how the individual **meets the standards** for protective placement and needs protective placement are as follows: **See attached**

C. The individual is alleged to have a developmental disability.

D. The petitioner requests protective placement of the individual in the following facility:

_____ or a like facility.

E. A locked unit is necessary because: _____

- F. This petition for protective placement is filed prior to transfer of the individual directly from a hospital to a nursing home or community-based residential facility and the individual does does not verbally object to or otherwise actively protest the admission.

FOR PROTECTIVE SERVICES

11. A. The individual **meets all of the standards** as follows for protective services specified in §55.08(2), Wis. Stats.
- 1) The individual was determined incompetent by a circuit court or is a minor who is alleged to have a developmental disability and on whose behalf a Petition for Guardianship was submitted, **and**
 - 2) As a result of a developmental disability, degenerative brain disorder, serious and persistent mental illness, or other like incapacities, the individual will incur a substantial risk of physical harm or deterioration or will present a substantial risk of physical harm to others if protective services are not provided.
- B. The specific facts and details explaining how the individual **meets the standards** for protective services and needs protective services are as follows: **See attached**

I REQUEST THE COURT:

1. Order a hearing on this Petition.
2. Make appropriate findings and order
 - protective placement of the individual.
 - protective services for the individual.
3. Award appropriate fees and costs.
4. Other: _____

State of _____
 County of _____
 Subscribed and sworn to before me on _____

 Notary Public/Court Official

 Name Printed or Typed

▶ _____
 Petitioner

 Name Printed or Typed

 Street Address

 City, State, Zip

 Date

My commission/term expires: _____

DISTRIBUTION:

1. Court
2. Petitioner/Individual/Ward
3. Individual/Ward's Guardian
4. Individual/Ward's Legal Counsel
5. Guardian ad litem
6. Individual/Ward's agent under Power of Attorney for Health Care
7. Presumptive Adult Heirs
8. Facility in which the Individual/Ward resides/Physical Custodian
9. County Department of Individual/Ward's county of residence under §55.18(1)(a)
10. County Department of Individual/Ward's placement under §55.18(1m)
11. Other: _____