

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE INTEREST OF

 Amended

**Temporary Physical Custody
Request and Supplement
(Chapter 48)
Indian Child Welfare Act**

Case No. _____

Referring Agency Case Number		Intake Case Number			
Requesting Agency Complete	Child's Name (Last, First, Middle)	<input type="checkbox"/> Male <input type="checkbox"/> Female		Child's Phone Number	
	Date of Birth	Child's Place of Birth			
	Address	If address is on a reservation, which tribe is associated:			
	Child's Tribal Affiliation	Why was child taken into custody? (§§48.19, 48.193 or 48.195, Wis. Stats.)			
	Child's 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 <input type="checkbox"/> Deceased	Parent 1's Place of Birth	Parent 1's Tribal Affiliation	Parent 1's Phone Number(s)
	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 Name and Address	Parent 2's Date of Birth <input type="checkbox"/> Deceased	Parent 2's Place of Birth	Parent 2's Tribal Affiliation	Parent 2's Phone Number(s)
	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				
	Legal Guardian/Indian Custodian's Name and Address	Date of Birth	Place of Birth	Tribal Affiliation	Phone Number(s)
Other known information in regard to tribal affiliation or enrollment, including all potential tribes that the child may be a member and aliases or enrollment numbers of parents, grandparents, or other direct lineal ancestors:					
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 not released?					
Supporting facts of reason why child was taken into physical custody (§48.20(3), Wis. Stats.):					
<input type="checkbox"/> Supplemental information is provided below					
Copy provided to child, if age 12 or over: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Intake Worker Complete	Was child (12 years or older) 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.)				
	Parent 1:	<input type="checkbox"/> Yes, Date _____	Time _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> No	
	Parent 2:	<input type="checkbox"/> Yes, Date _____	Time _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> No	
	Indian Custodian:	<input type="checkbox"/> Yes, Date _____	Time _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> No	
	Tribe:	<input type="checkbox"/> Yes, Date _____	Time _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> No	
	Child (12 years or older):	<input type="checkbox"/> Yes, Date _____	Time _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> No	
If no, what ongoing efforts have been made to notify?					
If parent(s)/Indian custodian are unknown, what efforts have been made to locate or contact?					

Intake Worker Complete	<p>Jurisdictional Basis:</p> <p><input type="checkbox"/> 1. No Jurisdiction. <input type="checkbox"/> 2. CHIPS: §48.13, Wis. Stats. _____</p> <p>Custody Criteria: (§48.205, Wis. Stats.)</p> <p><input type="checkbox"/> 1. Child 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.</p> <p><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.</p>			
	<p>Placement Decision:</p> <p><input type="checkbox"/> 1. Child released.</p> <p><input type="checkbox"/> 2. Nonsecure custody: (§48.207, Wis. Stats.)</p> <p><input type="checkbox"/> A. At the home of a <input type="checkbox"/> parent. <input type="checkbox"/> relative. <input type="checkbox"/> guardian. <input type="checkbox"/> like-kin. <input type="checkbox"/> person not a relative.</p> <p><input type="checkbox"/> B. At licensed foster home, treatment foster home, or group home.</p> <p><input type="checkbox"/> C. At non-secure facility operated by a licensed child welfare agency.</p> <p><input type="checkbox"/> D. At licensed private or public shelter care facility (including holdover room).</p> <p><input type="checkbox"/> E. At hospital or physician's office if the child is believed to be suffering from a serious physical condition which requires either prompt diagnosis or prompt treatment.</p> <p><input type="checkbox"/> F. At licensed treatment facility approved by the county as the child 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 or to others, or a very substantial probability of physical impairment or injury to the child exists due to the impaired judgment of the child.</p> <p><input type="checkbox"/> G. At approved public treatment facility for emergency treatment as the child 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.</p> <p><input type="checkbox"/> H. At the county children's home.</p> <p><input type="checkbox"/> 3. Secure custody because: (§48.208, Wis. Stats.)</p> <p><input type="checkbox"/> A. A protective order has been issued and the child consents in writing to the placement.</p> <p><input type="checkbox"/> B. Child has run away or committed a delinquent act while in nonsecure custody.</p> <p><input type="checkbox"/> 4. This is a secure custody placement in a jail because: (§48.209, Wis. Stats.)</p> <p><input type="checkbox"/> A. No other approved juvenile detention facility is available.</p> <p><input type="checkbox"/> B. Child is a substantial risk of physical harm to others in a juvenile detention facility.</p>			
	<p>Placement in the home is contrary to the welfare of the child, due to:</p> <p><input type="checkbox"/> Supplemental information is provided below</p>			
	<p>Efforts made to prevent removal and return the child safely to the home include:</p> <p><input type="checkbox"/> Supplemental information is provided below</p>			
	<p>Emergency removal and placement outside of the home is necessary to prevent imminent physical damage or harm to the Indian child because:</p>			
	<p>Name of Placement</p> <p><input type="checkbox"/> Not disclosed to parent due to imminent danger to child</p>		<p>Address</p>	
	<p><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]</p>			
	<p>Special precautions/information concerning child/family:</p>			
	<p>Signature of Intake Worker</p>		<p>Date and Time Custody Authorized</p>	<p>Date and Time of Custody Hearing</p>
			<p>Date and Time of Release</p>	

Supplemental Information

Circumstances of the Maltreatment

1. Present Danger Threats (Check all that apply)

An immediate, significant, and clearly observable family condition that is occurring or in process of occurring at the point of contact with the family and will likely result in severe harm to the child.

Maltreatment

- Child is currently being maltreated at the time of the report or contact.
- Severe to extreme maltreatment of child is suspected, observed or confirmed.
- Child has multiple or different kinds of injuries.
- Child has injuries to the face or head.
- Child has unexplained injuries.
- The maltreatment demonstrates extreme cruelty (e.g., torture or extreme emotional abuse).
- The maltreatment of several victims is suspected, observed or confirmed.
- The maltreatment appears premeditated.
- Life threatening living arrangements are present.

Child

- Parent's/caregiver's viewpoint of the child is dangerous for the child.
- Child is unsupervised and unable to care for self.
- The child's immediate health needs are not being met.
- Child is profoundly fearful of the home situation or people within the home.

Parent

- Parent's/caregiver's intoxicated behavior (alcohol or other drugs), which is occurring now or consistently over time, is impacting their ability to provide basic, necessary care and supervision.
- A parent/caregiver cannot/will not manage their own behaviors which impacts their ability to provide basic, necessary care, and supervision.
- Parent is demonstrating extremely unusual or unexpected behaviors (e.g., incoherent or inappropriate).
- Parent/caregiver is not providing basic, necessary care and supervision based on the child's individual developmental needs.
- Parent is acting dangerous now or is described as dangerous.
- Parent/caregiver is not able to be located or contacted.
- One or both parents/caregivers overtly reject intervention.

Family

- The family may flee.
- The family hides the child.
- Child is subject to present/active domestic violence.

Describe present danger threats: _____

2. Impending Danger Threats (Check all that apply)

A foreseeable state of danger in which a family behavior, attitude, motive, emotion or situation that can be anticipated to have severe effects on a child at any time in the near future and requires safety intervention.

- No adult in the home will perform parental duties and responsibilities in line with the child's individual developmental needs.
- One or both parent's/caregiver's behavior shows a pattern of violence.
- One or both parents/caregivers has impulsive behavior that they cannot/will not control.
- One or both parents/caregivers have exaggerated, negative perceptions of the child.
- Family does not use known, available, and accessible resources to assure the child's essential needs for food, clothing, and/or shelter are met.
- One or both parents/caregivers fear they will maltreat the child and/or request placement.
- One or both parents/caregivers intend(ed) to seriously hurt the child.
- One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met.
- The child has exceptional needs which the parents/caregivers cannot or will not meet.
- Living arrangements seriously endanger the child's physical health.
- The child is profoundly fearful of the home situation or people within the home.

Describe impending danger threats: _____

3. **Child Vulnerable to Danger Threats** (Check all that apply)

- Age (always includes ages 0-6)
- Mental disability
- Provoking behaviors
- Non-Assertive
- Invisible

- Physical disability
- Powerless
- Defenseless
- Illness

Describe how the child's vulnerability relates to the identified danger threats: _____

4. Describe how the parents' **protective capacities** are currently insufficient to protect the child from the danger threats listed above: _____

5. It is contrary to the child's welfare to remain in the home due to: _____

Efforts to Prevent Removal

1. Describe efforts to prevent removal or the emergency circumstances present: _____

2. An in-home plan will not work for this child, because the plan:

- is not sufficient.
- is not feasible.
- is not sustainable.
- cannot immediately control or manage threat of danger.
- needed people or services are not accessible or available when threat will be present.
- the plan would rely on parental promises to control what has been assessed as out of control.
- Other: _____

Other Information

1. Name and contact information of adult relative(s) or other adult individual(s) the parent requests the court to consider as placements for the child: (List at least 3, if possible)

- A. _____
- B. _____
- C. _____

2. Describe immediate, interim family interaction plan between parents and child and siblings, if any:

No family interaction plan because: _____

3. List any other conditions for the TPC order that the agency may/will request: _____

4. Siblings placed together: Yes No If no, describe why not: _____

5. Information the agency needs to obtain in order to completely assess the family: _____

6. Will the child be able to remain in the same daycare/school? Yes No If no, then explain: _____

WICWA

1. Is the child an Indian child? Yes No Undetermined (Explain: _____)

Name and address of tribe(s): _____

2. Was placement made in compliance with the order of placement preferences? Yes No

If no, explain good cause or emergency conditions which necessitated departing from the placement preferences: _____



Signature _____

DISTRIBUTION:

- 1. Court
- 2. Child's Guardian ad Litem/Adversary Counsel
- 3. Parents
- 4. Parents' Attorney(s)
- 5. Child's Guardian/Legal Custodian
- 6. District Attorney/Corporation Counsel
- 7. Caseworker
- 8. Tribe
- 9. Indian Custodian

Name Printed or Typed _____

Address _____

Email Address _____

Telephone Number _____

Date _____

State Bar No. (if any) _____