

IN THE INTEREST OF

Amended

Name _____

**Petition for
Protection or Services
(Chapter 48)
Indian Child Welfare Act**

Date of Birth _____

Case No. _____

I state on information and belief that the following is true: (if unknown or cannot be ascertained, so state)

1.	Petitioner's Name and Address	Petitioner's Attorney's Name and Address							
	Child's Date of Birth	Child's Place of Birth	Child's Tribal Affiliation	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Race	Height	Weight	Hair Color	Eye Color
	Child's Street and City Address								
	Child has previously been adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Parent 1's Name and Address				Parent 1's Date of Birth <input type="checkbox"/> deceased		Parent 1's Phone Number		
	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 Place of Birth		Parent 1's Tribal Affiliation		
	Parent 2's Name and Address <input type="checkbox"/> See attached for additional parties.				Parent 2's Date of Birth <input type="checkbox"/> deceased		Parent 2's Phone Number		
	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 Place of Birth		Parent 2's Tribal Affiliation		
	Other known information in regard to tribal affiliation or enrollment, including all potential tribes that the child/juvenile may be a member and aliases or enrollment numbers of parents, grandparents, or other direct lineal ancestors:								
	<input type="checkbox"/> Guardian <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Indian Custodian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Spouse, if any. <input type="checkbox"/> If none of preceding, nearest relative.								
	[Name] [Address]								
	Is an interpreter needed? <input type="checkbox"/> No <input type="checkbox"/> Yes Language(s) _____ Party Name(s) _____								
	Child in temporary physical custody? <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Where held: _____								
	<input type="checkbox"/> Not disclosed—threat of imminent danger to child-physical custodian.								

2. The child is subject to federal Indian Child Welfare Act (25 USC §§1901-1963).
Indian tribe's name and address: _____
3. Under section(s): _____, the child is in need of protection or services because: _____
 See attached
4. The child is placed out of the home.

- A. Continued custody of the child by the parent or Indian custodian is is not likely to result in serious emotional or physical damage to the child.
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- B. Active efforts were were not made to provide remedial services and rehabilitation programs designed to prevent the breakup of the Indian family. See attached Statement of Active Efforts (IW-1609)
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- C. Placement in the home at this time is is not contrary to the child's welfare.
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- D. Reasonable efforts to prevent removal were [Complete one of the following]
- made by the department or agency responsible for providing services as follows:
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- made by the department or agency responsible for providing services, although an emergency situation resulted in immediate removal of the child from the home as follows:
-
- not required under §48.355(2d), Wis. Stats.
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5. The person who took this child into custody and the intake worker have made reasonable efforts to return the child home while assuring the child's health and safety.
6. The Uniform Child Custody Jurisdiction Act Declaration is attached to this Petition.

I request adjudication and entry of an appropriate dispositional order.

DISTRIBUTION:

1. Court
2. Child – if 12 years or older
3. Child's Guardian ad Litem/Adversary Counsel
4. Parents
5. Parents' Attorney(s)
6. Child's Guardian/Legal Custodian/Physical Custodian
7. District Attorney/Corporation Counsel
8. Caseworker
9. Tribe
10. Indian Custodian



District Attorney/Corporation Counsel/Petitioner	
Name Printed or Typed	
Address	
Email Address	Telephone Number
Date	State Bar No. (if any)