

IN THE INTEREST OF

Amended

**Petition for Protection or Services
(Chapter 938)
Indian Child Welfare Act**

Name _____

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					
Juvenile's Date of Birth	Juvenile's Place of Birth	Juvenile's Tribal Affiliation	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Race	Height	Weight	Hair Color	Eye Color
Juvenile's Street and City Address								
Juvenile has previously been adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Mother's Name and Address			<input type="checkbox"/> See attached for additional parties			Mother's Date of Birth	Mother's Place of Birth	Mother's Tribal Affiliation
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						<input type="checkbox"/> deceased		
Father's Name and Address			<input type="checkbox"/> See attached for additional parties			Father's Date of Birth	Father's Place of Birth	Father's Tribal Affiliation
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						<input type="checkbox"/> deceased		
Other known information in regard to tribal affiliation or enrollment, including all potential tribes that the 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) _____								
Juvenile in temporary 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 juvenile/physical custodian.								

2. Name and Address of Juvenile's School: _____
3. The petition alleges jurisdiction under §§938.13(4), (6), (6m), or (7), Wis. Stats. and the Juvenile is subject to federal Indian Child Welfare Act (25 USC §§1901-1963).
Indian tribe's name and address: _____
4. Under section(s) _____, the juvenile is in need of protection or services because: _____
 See attached
5. The juvenile is placed out of the home.
 - A. Continued custody of the juvenile by the parent or Indian custodian is is not likely to result in serious emotional or physical damage to the juvenile.

- 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)**
- C. Placement in the home at this time is is not contrary to the welfare of the juvenile and the community.

- D. Reasonable efforts to prevent removal were [Complete one of the following]
- made by the department or agency responsible for providing services as follows:
- made by the department or agency responsible for providing services, although an emergency situation resulted in immediate removal of the juvenile from the home as follows:
- not required under §938.355(2d), Wis. Stats.

6. The person who took this juvenile into custody and the intake worker have made reasonable efforts to return the juvenile home while assuring the juvenile's health and safety.

I request adjudication and entry of an appropriate dispositional order.

DISTRIBUTION:

1. Court
2. Juvenile
3. Juvenile's Guardian ad Litem/Adversary Counsel
4. Parents
5. Parents' Attorney(s)
6. Juvenile'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)