

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

IN THE INTEREST OF

**Notice of Post-Termination  
of Parental Rights  
Change in Placement**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Case No. \_\_\_\_\_

1. The child is subject to a guardianship order under §48.427(3m)(a)1.-4., (am), or (b), Wis. Stats.
- ☐ 2. The child is subject to the Indian Child Welfare Act.
  - ☐ A. The placement is in accordance with the order of preference set forth in the Indian Child Welfare Act.
  - ☐ B. There is good cause to depart from the order of placement preference in the Indian Child Welfare Act.
3. Name and address of new/proposed placement: \_\_\_\_\_.
- ☐ 4. Emergency conditions necessitated an immediate change in placement on [Date] \_\_\_\_\_.
  - A. *This notice was sent within 48 hours after the emergency change in placement.*
  - B. Describe the reasons for the new placement, the emergency conditions that necessitated an immediate change, why it is preferable, and how it satisfies any treatment plan or permanency plan:  
\_\_\_\_\_
- ☐ 5. The placement will be changed on [Date] \_\_\_\_\_.
  - A. The proposed placement will be changed at least 10 business days after this notice was filed with the court, unless a hearing is scheduled on the matter.
  - B. Describe the reasons for the new placement, why it is preferable, and how it satisfies any treatment plan or permanency plan: \_\_\_\_\_
6. Reasonable efforts to place the child/juvenile in a placement that enables the sibling group to remain together were  
☐ made by \_\_\_\_\_  
☐ not required because the child/juvenile does not have siblings in out-of-home care.  
☐ not required because it would be contrary to the safety or well being of the child/juvenile or any of the siblings because \_\_\_\_\_
- ☐ 7. The proposed placement is certified as a Qualified Residential Treatment Program.
  - ☐ A. The standardized assessment and recommendation by a qualified individual  
☐ are attached.  
☐ will be submitted by: \_\_\_\_\_.  
*[No later than 10 business days from date of this notice]*
  - ☐ B. There is good cause for submitting the assessment and recommendation more than 10 business days from the date of this notice: \_\_\_\_\_.  
If approved by the court, the assessment and recommendation will be submitted by: \_\_\_\_\_.  
*[No later than 30 days from date of placement]*
8. A party's address has changed. A Notice of Change of Address (JD-1830)  
☐ was previously filed with the court.  
☐ is attached.
9. Within 10 business days of filing of this notice, the court shall determine whether to schedule a hearing on the matter or shall approve the placement and enter an Order for Post-Termination of Parental Rights Change in Placement (JC-1665).

DISTRIBUTION:

1. Court
2. Child
3. Child's Guardian ad Litem/Adversary Counsel
4. Child's Guardian - DCF Public Adoption Agency
5. Child's Legal Custodian
6. Relative or Like-Kin Caregiver/Foster Parent
7. District Attorney/Corporation Counsel
8. Caseworker
9. Tribe
10. Indian Custodian

Case Worker/District Attorney/Corporation Counsel's Signature

Name Printed or Typed

Address

Email Address

Telephone Number

Date

State Bar No. (if any)