

STATE OF WISCONSIN, CIRCUIT COURT,

COUNTY

IN THE INTEREST OF

Name _____

Date of Birth _____

**Request to Terminate
Consent Decree /
Dispositional Order**

Case No. _____

I REQUEST THE COURT TERMINATE:

consent decree.
 dispositional order.

1. I am interested as Caseworker District Attorney/Corporation Counsel
 Other: _____
2. The current consent decree/dispositional order is set to expire on _____.
3. I am requesting to terminate the consent decree/dispositional order because: **See attached**

4. **A party's address has changed.**

A Notice of Change of Address (JD-1830) has been or will be filed separately.

DISTRIBUTION:

1. Court
2. Child/Juvenile
3. Child/Juvenile's Guardian ad Litem/Adversary Counsel
4. Parents
5. Parents' Attorney(s)
6. Child's Guardian/Legal Custodian
7. Relative or Like-Kin Caregiver/Foster Parent
8. District Attorney/Corporation Counsel
9. Caseworker
10. Court Appointed Special Advocate (CASA)
11. Tribe
12. Indian Custodian

►

Signature	
Name Printed or Typed	
Address	
Email Address	Telephone Number
Date	State Bar No. (if any)