

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF

Amended

**Notice of Initial Placement by
Appropriate Board
or Designated Agency**

Name

Date of Birth

Case No. _____

Placement of the ward is being made or has been made on _____, 20____ to the following location:

(Name, address, telephone number of placement unit)

- 1. This placement unit is
 - unlocked unit.
 - locked unit.

- 2. The type of placement unit is
 - nursing facility.
 - intermediate care facility.
 - center for the developmentally disabled.
 - public medical institution.
 - foster care services.
 - adult family home.
 - group home.
 - apartment.
 - facility providing acute psychiatric treatment.
 - other non-institutional community setting.

3. Ward has a developmental disability.

Signature

Name Printed or Typed

Identity of Board or Designated Agency

Address

Email Address

Telephone Number

Date

DISTRIBUTION:

- 1. Court
- 2. Ward/Ward's Legal Counsel, if any/Guardian ad litem
- 3. Guardian/Ward's Agent under a Power of Attorney
- 4. Corporation Counsel
- 5. Social worker/ County Dept. of Human Services
- 6. Spouse/Adult Children/Parent of Minor
- 7. Facility, if any
- 8. Other: _____