**REQUEST FOR EMERGENCY DETENTION OR PICK-UP ORDER**

|  |  |  |
| --- | --- | --- |
| Name – Worker      | Site / Zone      | Telephone Number      |
| Children's Court Case Number      |
| **I.** | **Family Composition** |
|  | 1. | CHIPS Child(ren) – List oldest child first. |
|  | a. | Name – Child      | Birthdate      | Permanent Address      |
|  | b. | Name – Parent 1      | Birthdate      | Address      |
|  | c. | Name – Parent 2      | Birthdate      | Address      |
|  |  |  Parent 2 Status      |
|  | 2. | List any other children who are part of this family but have not been detained at this time.This includes adult children, and children who have been previously involved in a termination of parental rights. |
|  |  | Name – Child      | Birthdate      | Address – Include Zip Code      |
|  | 3. | Guardian or legal custodian if different than natural parents: relationship, where and when order made. |
|  |  | Name – Guardian or Legal Custodian      | Address      |
|  |  |       |
|  | 4. | Date and time of decision to hold in custody.Case must appear before Commissioner within 48 hours of the date and time listed below. |
|  |  | Date      | Time      |
|  | 5. | [ ]  | Yes | [ ]  | No | Is disclosure of location dangerous to child or custodian? |
|  |  | If "Yes", explain why the disclosure would result in imminent danger to the child or physical custodian. |
|  |  |       |
|  | 6. | Where is / are the child(ren) presently being held? |
|  | a. | Name      | Relationship      |
|  |  | Address (Street, City, State, Zip Code)      | Telephone Number      |
|  | b. | Name      | Relationship      |
|  |  | Address (Street, City, State, Zip Code)      | Telephone Number      |
|  | 7. | Placement Requested |
|  |  | [ ]  | Home of parent, guardian, relative | [ ]  | Home of non-relative |
|  |  | [ ]  | FH or RC | [ ]  | Non-secure facility |
|  |  | [ ]  | Hospital (excluding psychiatric) |  |  |
|  | 8. | Other Orders Requested |
|  |  |       |
|  | 9. | Visitation Required – Check one. |
|  |  | [ ]  | At the discretion of the agency |
|  |  | [ ]  | Supervised by the agency or an approved adult |
|  |  | [ ]  | Upon mutual desire |
|  | 10. | List all the people who will appear at the emergency hearing. Note: All children 12 years of age and older must appear. |
|  |  |       |
| **II.** | **Worksheet** |
|  | 1. | [ ]  | Yes | [ ]  | No | Is there a language barrier? |
|  |  | If "Yes", what is the primary language spoken by the: | Parent(s) –        | Child(ren) –       |
|  | 2. | [ ]  | Yes | [ ]  | No | Native American status? |
|  |  | If "Yes", which parent and which tribe? Include the names, addresses and dates of birth of parents and grandparents who have Indian heritage. |
|  |  |       |
|  | 3. | [ ]  | Yes | [ ]  | No | Was written notification given to parents, guardians, and / or tribe? If "Yes", specify where and when. |
|  |  |       |
|  | 4. | List the date and time the agency received the current referral.  |
|  |  | Date      | Time      |
|  | 5. | Summarize       history or out of town court activity. Include findings, dates, placements, orders, etc. |
|  |  |       |
|  |  | **NOTE: If there is a dispositional order, complete the information below.** |
|  |  | On       said child(ren) / siblings       was / were found to be in need of protection or services pursuant to Wis. Stats. s. 48.13 (     ). Based upon finding, the Honorable       transferred legal custody of said child(ren) to / or ordered placement by       for a period of      . That order now expires on      . Said child(ren) were placed with       under the court's order. |
|  | 6. | List parents' criminal court contacts. |
|  |  |       |
|  | 7. | Summarize CPS history. Include date of referral, summary of allegation, and outcome of services provided. Provide the D.A. with a copy of all CPS referrals, pertinent case notes and investigative write-ups. |
|  |  |       |
|  |  | CPS report date: |       |
|  |  | Summary of allegation – Describe. |
|  |  |       |
|  |  | Emotional damage – Describe. |
|  |  |       |
|  | 8. | Detail what specific facts, observations and reports that led to your decision to detain; e.g., who, what, where, when, why, how do you know. |
|  |  |       |
|  | 9. | List all witnesses and information they will provide, including records or pictures available; e.g., hospital, doctor, school, etc. |
|  |  |       |
|  | 10. | What is your plan at this time? |
|  |  |       |
| **III.** | **Signatures** |
|  |  |
|  |  |
|  |  |
|  |  |  |       |  |       |
|  | **SIGNATURE** – Worker |  | Title |  | Date Signed |
|  |  |
|  |  |
|  |  |
|  |  |  |       |  |       |
|  | **SIGNATURE** – Supervisor |  | Title |  | Date Signed |