**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. | | | | | | | | | | | | | | | | | | | |
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|  | 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 | | | | | | | | | | | | | | | | | | | |
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|  | 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. | | | | | | | | | | | | | | | | | | | |
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| **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. | | | | | | | | | | | | | | | | | | | |
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|  | 3. |  | Yes |  | No | | Was written notification given to parents, guardians, and / or tribe? If "Yes", specify where and when. | | | | | | | | | | | | | | |
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|  | 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. | | | | | | | | | | | | | | | | | | | |
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|  |  | **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. | | | | | | | | | | | | | | | | | | | |
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|  | 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. | | | | | | | | | | | | | | | | | | | |
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|  |  | CPS report date: | | | |  | | | | | | | | | | | | | | | |
|  |  | Summary of allegation – Describe. | | | | | | | | | | | | | | | | | | | |
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|  |  | Emotional damage – Describe. | | | | | | | | | | | | | | | | | | | |
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|  | 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. | | | | | | | | | | | | | | | | | | | |
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|  | 9. | List all witnesses and information they will provide, including records or pictures available; e.g., hospital, doctor, school, etc. | | | | | | | | | | | | | | | | | | | |
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|  | 10. | What is your plan at this time? | | | | | | | | | | | | | | | | | | | |
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| **III.** | **Signatures** | | | | | | | | | | | | | | | | | | | | |
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|  | **SIGNATURE** – Worker | | | | | | | | | | |  | | | Title | | | | |  | Date Signed |
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|  | **SIGNATURE** – Supervisor | | | | | | | | | | |  | | | Title | | | | |  | Date Signed |