**30-Day Removal Notice for Child/Youth Placed for 6 Months or More**

**Use of Form:** The use of this form is voluntary. This form meets the requirements pursuant to [Wis. Stat. s. 48.64(1m)](https://docs.legis.wisconsin.gov/document/statutes/48.64(1m)) that the agency shall give a 30-day written notice of the intent to remove a child, including the reason for removal, when a child has been placed in the home of a relative other than the parent, foster home, or group home for 6 months or more. Notice is not required if the removal is due to safety or emergency reasons pursuant to [Wis. Stat. s. 48.19](https://docs.legis.wisconsin.gov/document/statutes/48.19). **This form does not replace any legal notices regarding a change in placement that are filed with the county circuit or tribal court.** Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** This form is completed by the agency facilitating the change in placement/removal of the child, who has been placed with the caregiver for 6 months or more. The agency must include the reason for change in placement/removal and the date of removal in the notice. The caregiver should only sign the waiver of objection if they agree to the removal of the child and they do not intend to object the change in placement/removal of the child, who has been in their care for 6 months or more.

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| Date of Notice for Removal (mm/dd/yyyy) | | |
| Child/Youth Full Name (s) (Last, First, MI) | | |
| Caregiver Full Name (s) (Last, First, MI) | | |
| Caregiver Address (Street, City, State, Zip Code) | | |
| DearCaregiver or Group Home Name,  **This document serves as the 30-day notice of the agencies intent to remove a child/youth that has been placed in the home for 6 months of more pursuant to Wis. Stat. s. 48.64(1m).**  Child/Youth's Full Name will be removed from Caregiver or Group Home Name on or after mm/dd/yyyy.  Removal Reason(s) Agency Narrative:    You may object to the placement change/removal of a child/youth who has been placed in your care for 6 months or more, by requesting an appeal hearing. The child may not be removed from your care before completion of a hearing, or 30-days after receipt of this notice, whichever is later, unless the safety of the child requires earlier removal.  A written request for your appeal must be received within 30 days after your receipt of this notice. A timely appeal request will protect your right to object to the placement change of Child's Full Name before your appeal hearing unless the safety of the child requires earlier removal.  If you object to the placement change, you have the right to appeal the decision by requesting an appeal with the Division of Hearing and Appeals, PO Box 7875, Madison, WI 53707-7875, or by appealing to the county circuit or tribal court assigned to the child’s case.  If you do not object to the proposed change in placement/removal of the child, you may sign this document as a written waiver of objection to the proposed placement change and return it to the child welfare professional working with child/youth. | | |
| **SIGNATURES** | | |
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| Agency Name |  | |
|  |  | |
| Child Welfare Professional Full Name |  | |
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| **SIGNATURE** – Child Welfare Professional |  | Date Signed |
|  |  | |
| Supervisor Full Name |  | |
|  |  |  |
| **SIGNATURE** – Supervisor |  | Date Signed |
| **CAREGIVER WAIVER OF OBJECTION TO PROPOSED REMOVAL DATE (not required)** | | |
| I hereby waiver my right to object to a 30-day notice and agree to the child’s removal on       (mm/dd/yyyy). | | |
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| Caregiver Full Name |  | |
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| **SIGNATURE** – Caregiver |  | Date Signed |
|  |  | |
| Caregiver Full Name |  | |
|  |  |  |
| **SIGNATURE** – Caregiver |  | Date Signed |