

This worksheet will be used for the preparation of the petition. Please list all addresses in full, including zip code. Sections C & D should be answered in full sentences as they will be typed as written here.

## EMERGENCY AND TEMPORARY GUARDIANSHIP WORKSHEET - JOB AID

The content in blue in this Job Aid provides guidance to DMCPs and its contracted agencies with obtaining Temporary Guardianship of a child. This form can be found in eWiSACWIS and replaces the DA's Temporary Guardianship Worksheet. A separate form must be filled out for each child that needs a guardian.

**The information in Section I should pre-fill from eWiSACWIS.**

Name - Worker	Telephone Number	Date
County	Region	Court Number

### I. Family Composition

#### Child

Name (Last, First MI)	Birthdate	Age
Address (Street, City, State, Zip Code)	Telephone Number	

#### Mother Unknown Deceased

Name (Last, First MI) Status: <input type="checkbox"/> Birth <input type="checkbox"/> Adoptive	Birthdate
Address (Street, City, State, Zip Code)	Telephone Number

#### Father Unknown Deceased

Name (Last, First MI)	Birthdate
Address (Street, City, State, Zip Code)	Telephone Number
Status: <input type="checkbox"/> Adjudicated <input type="checkbox"/> Adoptive <input type="checkbox"/> Alleged <input type="checkbox"/> Presumptive	

#### Legal Guardian (if different than natural parents)

Name - Guardian	
Address (Street, City, State, Zip Code)	Telephone Number

### II. Complete the following paragraph:

**If CHIPS Order has been granted, use the following format:**

On \_\_\_\_\_ said child \_\_\_\_\_ was 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 to \_\_\_\_\_ for a period of \_\_\_\_\_. That order now expires on \_\_\_\_\_. Said child was placed with \_\_\_\_\_ under the court's order.

**If CHIPS Order has not yet been granted, leave this section blank.**

### III. Reasons why temporary guardianship is needed. (Be specific and use complete sentences.)

**Please use the following template when completing this section. This portion needs to be completed in its entirety.**

*(Child name)* is in need of an immediate appointment for a temporary guardian because the child needs a guardian to sign consent for *(insert specific reasons the child needs consent)*.

DMCPs is requesting the limited authority to consent to the following: *(insert specific procedures, medications, etc.)*.

**Choose one of the following:**

1. There has never been a temporary guardianship filed for this child.

OR

2. The current temporary guardianship order will expire on *(insert date)*.

OR

3. The last temporary guardianship or extension of temporary guardianship expired on *(insert date)*.

DMCPS is willing to become the temporary guardian for the child. This was approved by the DMCPs Quality Operations Bureau Director or designee.

Choose one of the following:

1. Additionally, there is no indication that the adjudicated father was granted guardianship when he was adjudicated as the father.  
OR
2. The child has no adjudicated father.

A petition for appointment of a permanent guardian of this child is not filed with this request because *(insert)*

If applicable: Good cause exists to hold a hearing within 48 hours because *(insert reasons here)*.

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**IV. Why current guardian will not sign and attempts made to locate and / or have signed. Indicate when and how notice of hearing was given. (Use complete sentences.)**

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***Please use the following template when completing this section. This portion needs to be completed in its entirety.***

Choose one of the following:

- A. Worker *(name)* attempted to contact the current parent/guardian *(number of times)* with no success. The attempts to contact the parent/guardian are listed below:
  1. *Date, time and location*
  2. *Date, time and location*
  3. *Date, time and location*
  
- B. Worker *(name)* spoke with the parent/guardian on *(date)* and the parent/guardian refused to sign the consent. Parent/guardian gave the following reason(s) to refuse consent: *(insert reason)*. Worker *(name)* contacted the parent/guardian's Attorney, *(name)* on *(date)* and worker asked them to speak with their client about signing the consent. Worker *(name)* contacted ADA *(name)* on *(date)* to request assistance with obtaining consent from the parent. All attempts to obtain parental/guardian consent have failed.

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**V. Signatures**

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\_\_\_\_\_  
Name - Worker

\_\_\_\_\_  
**SIGNATURE** - Worker

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name - Supervisor

\_\_\_\_\_  
**SIGNATURE** - Supervisor

\_\_\_\_\_  
Date Signed