

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

IN THE INTEREST OF

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Findings and Order for Qualified Residential Treatment Program Placement**

Case No. \_\_\_\_\_

The child's/juvenile's placement/proposed placement is certified as a Qualified Residential Treatment Program.

The standardized assessment and recommendation by a qualified individual have been submitted to the court.

**THE COURT FINDS:**

1. The needs of the child/juvenile  can  cannot be met through placement in a foster home.
2. The placement  does  does not provide the most effective and appropriate level of care for the child/juvenile in the least restrictive environment.
3. The placement  is  is not consistent with the short-term and long-term goals for the child/juvenile, as identified in the permanency plan.

**THE COURT ORDERS:**

The placement in a certified Qualified Residential Treatment Program is

1. **DISAPPROVED.**  
 The department or agency shall file a request to change placement with the court by [Date] \_\_\_\_\_.
2. **APPROVED.**
3. Other: \_\_\_\_\_

**THIS IS A FINAL ORDER FOR THE PURPOSE OF APPEAL IF SIGNED BY A CIRCUIT COURT JUDGE.**

**DISTRIBUTION:**

1. Court
2. Child/Juvenile's Attorney/Guardian ad Litem
3. Parents/Guardian/Indian Custodian
4. Legal and/or Physical Custodian/Attorney
5. Case Worker
6. District Attorney/Corporation Counsel
7. Tribe
8. Other: \_\_\_\_\_