

Juvenile Clerks Meet Up

Wednesday, December 14th, 2022

TPR & Adoption

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Please note this information is not meant
to be construed as legal advice.

Any guidance provided should not override
a judge's decision and authority.

Please do not include any confidential case
specific information in the chat.

Materials are posted on www.wiccuptraining.com
under Resources

TERMINATION OF PARENTAL RIGHTS





Publicly filed - there is an underlying CHIPS case.
Typically filed by District Attorney, Corporation Counsel, or a
contracted attorney.

Privately filed - filed by a private attorney or a pro se petitioner.
Examples: step-parent adoptions, international adoptions, and
infant adoptions through a private adoption agency.

UPDATED PLEA OPTIONS

Estimated January release

TPR CASES

-  **VOLC** - Voluntary Consent
-  **NC**- No Contest
-  **DEN**- Denial
-  **DEF** - Default

JC & JV CASES

-  **DEF** - Default

GAL OR ADVERSARY COUNSEL?

Guardian ad Litem - the court shall appoint a guardian ad litem for any child who is subject to a voluntary or involuntary TPR. § 48.235 (1)(c)

Adversary Counsel through SPD - will appoint if court makes a referral. § 48.23 (3)

*Children 12 or older must be summoned in TPR case.

Declaration of Paternal Interest

- This form would be completed by a father and filed with DCF stating he has reason to believe he is the father of the named child.
- It does not establish paternity.
- It is not filed with the court.

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Safety and Permanence

DECLARATION OF PATERNAL INTEREST

****DO NOT USE THIS FORM IF YOUR SITUATION DOES NOT PERTAIN TO AN ADOPTION****

FOR QUESTIONS REGARDING PATERNITY (DNA) TESTING, CONTACT YOUR LOCAL CHILD SUPPORT OFFICE DIRECTLY

Use of form: Completion of this form is voluntary. S. 48.025, Wis. Stats. provides information for filing a Declaration. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes]. **Filing out this form does not establish paternity to a child.** Contact the child support office in your county. <https://dcf.wisconsin.gov/cs/agencylist>

Instructions: TYPE OR PRINT LEGIBLY. This form must be notarized. Mail the completed form to the Paternal Interest Registry, Division of Safety and Permanence, 201 E. Washington Ave., E200, Madison, WI 53703.

PERSON SUBMITTING DECLARATION

Name (Last, First, MI) _____

Address (Street, City, State, Zip Code) _____

I have reason to believe I am the father of the child named below. I am hereby declaring my interest in matters affecting this child.

CHILD

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	Expected Birthdate (mm/dd/yyyy)
_____	_____	_____

Gender: ☐ Male ☐ Female ☐ Unknown

MOTHER

Name (Last, First, MI) _____

Last Known Address (Street, City, State, Zip Code) _____

☐ I acknowledge that I do not know the mother's last known address.

SIGNATURE – Person Submitting Declaration

Date Signed

Court Inquiry on Declaration of Paternal Interest

****DO NOT USE THIS FORM TO FILE A DECLARATION OF PATERNAL INTEREST. USE FORM DCF-F-CFS0019A-E.****

Instructions: Complete the top section of this form to receive confirmation that a Declaration of Paternal Interest (DCF-F-CFS0019A-E) has been filed on behalf of the child listed below. Provide your return address, telephone number, email address and fax number in the designated sections. Email it to DCFDSPPaternalInterest@wisconsin.gov or fax to (608) 422-7157. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes]. THIS FORM MUST BE TYPED.

Date of Inquiry (mm/dd/yyyy)			
Name – Child		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (mm/dd/yyyy)
Name – Mother		Age	Address – Mother (Street, City, State, Zip Code)
Requestor Information			
Name – Requestor		Name – County / Agency	
Address (Street, City, State, Zip Code)		Requestor's Telephone Number	Requestor's Fax Number
Requestor Email Address			

s. 48.025(3)(c), Wis. Stats., "A court in a proceeding under s. 48.13, 48.133, 48.14, or 538.13 or under a substantially similar law of another state or a person authorized to file a petition under s. 48.25, 48.42, 48.837, or 538.25 or under a substantially similar law of another state may request the department to search its files to determine whether a person who may be the father of the child who is the subject of the proceeding has filed a declaration under this section...."

s. 48.42(4)(b)1m., If the child's custody was relinquished under s. 48.195, service to the parents of the child may be made by constructive notice.

DO NOT WRITE BELOW THIS LINE

Court Inquiry on Declaration of Paternal Interest Response

☐ **YES**, a Declaration of Paternal Interest has been filed on behalf of the child named above.

Name – Person Filing Notice	Date – Notice Filed (mm/dd/yyyy)
Address – Person Filing Notice (Street, City, State, Zip Code)	

The attached document is a true and complete copy of the original Declaration on file and of record in this office. Note that pursuant to s. 48.025(2)(b), Wis. Stats., the department is not provided with sufficient information to determine if all statutory requirements for filing have been met.

☐ **NO**, a Declaration of Paternal Interest has not been filed on behalf of the child named above as of the date below.

By: _____
SIGNATURE – Division of Safety and Permanence Representative

Date Signed

s. 48.025(3)(d), Wis. Stats., "Any person who obtains any information under this subsection may use or disclose that information only for the purposes for which it was obtained."

Court Inquiry on Declaration of Paternal Interest

- This form is completed by DCF to state whether or not a father has filed a declaration of paternal interest with DCF.
- It is typically filed if the DA's Office or Corporation Counsel is seeking to terminate any and all unknown fathers through default.
- Code: **CIP** - Ct. inquiry/paternal interest declaration/response

Court Report for TPR

- This report should only be filed in the TP case with a TP case number.
 - It should not contain the CHIPS case number or be filed in the CHIPS case.
- Code: **CR** - court report

COURT REPORT FOR TERMINATION OF PARENTAL RIGHTS

Date: _____			
The Honorable Judge _____			
Court Number: _____	Branch Number: _____	County: _____	
Case Type: CHIPS	Case Number: _____		
Hearing Date: _____	Hearing Time: _____		
IDENTIFYING INFORMATION			
Name (Last, First, MI)		Birthdate (mm/dd/yyyy)	Age
Address (Street, City, State, Zip Code)		Social Security Number	
Native American Status <input type="checkbox"/> Yes <input type="checkbox"/> No	Native American Tribal Name	Verification of Status Provided By	
Caretaker			
Name (Last, First, MI)		Telephone Number	
Address (Street, City, State, Zip Code)		Home: _____	Work: _____
Parent 1			
Name (Last, First, MI)	Role: <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Other	Birthdate (mm/dd/yyyy)	Social Security Number
Address (Street, City, State, Zip Code)		Telephone Number	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		Home: _____	Work: _____
Name - Parent 1 Spouse: _____			
Parent 2			
Name (Last, First, MI)	Status: <input type="checkbox"/> Adjudicated <input type="checkbox"/> Presumptive <input type="checkbox"/> Alleged	Birthdate (mm/dd/yyyy)	Social Security Number
Address (Street, City, State, Zip Code)		Telephone Number	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		Home: _____	Work: _____
Name - Parent 2 Spouse: _____			
In the interest of _____ a child under the age of 18 years, on this child was found to be in need of protection or services pursuant to Wisconsin Statutes s. 48.13 (_____), _____ and the court order expires on _____			

Family History Questionnaire Medical / Genetic

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Safety and Permanence

Adoption Records Search Program
P.O. Box 8816
Madison, WI 53708-8816
(608) 422-6928

**Family History Questionnaire
Medical / Genetic**

Use of form: This form is used to collect biological family medical and genetic history for any child whose biological parent has terminated parental rights to that child in Wisconsin. Completion of this form meets the requirements of s. 48.425(1)(am), Wis. Stats. Any biological parent whose parental rights are being terminated in a Wisconsin court is required to complete this form at the time of the termination of parental rights proceeding. If a birth parent is adopted, only biological family information should be included. This form is also used to update medical / genetic history by any birth parent who has terminated their parental rights to a child in Wisconsin at any time. Another individual may complete this form on behalf of a birth parent if the birth parent is unable to do so. Personally identifiable information on this form is confidential and will be used only for identification purposes.

The information on this form pertains to: ☐ Birth Mother ☐ Birth Father

SECTION I INFORMATION ABOUT BIRTH PARENT AND CHILD PLACED FOR ADOPTION

Name – Child (Last, First, Middle) Birthdate (mm/dd/yyyy) Birthplace (City, State)

Name – Hospital Name – Attending Physician

Name (Current) – Birth Mother (Last, First, Middle) Name – Maiden (Last) Birthdate (mm/dd/yyyy)

Address – Permanent (Street, City, State, Zip Code) Telephone Number

Name – Birth Father (Last, First, Middle) Birthdate (mm/dd/yyyy)

Address – Permanent (Street, City, State, Zip Code) Telephone Number

☐ Yes ☐ No Are the birth parents related to each other in any way or do they have blood ties? If "Yes", specify relationship:

SECTION II PROVIDER OF INFORMATION IF NOT COMPLETED BY BIRTH PARENT

Name – Individual Providing Information on Behalf of Birth Parent Address – Current (Street, City, State, Zip Code)

Telephone Number Relationship to Child

Name – Agency Staff Person Reviewing Questionnaire Name – Agency Telephone Number

SECTION III DESCRIBE BIRTH PARENT AND HIS / HER PARENTS

	Birth Parent	Your Mother	Your Father
Name (Last, First, Middle)			
Birthdate (mm/dd/yyyy)			
Height and weight			
Ethnic / national background			

- Completed by birth parent and filed within TPR case.
- It must be marked as Confidential within TP case.
- If Safe Haven baby, complete as much as possible by writing in unknown, N/A, or safe haven baby.
- Code: **FHQ** - family history questionnaire

Family History Questionnaire Medical / Genetic - Pregnancy and Delivery Information

- Completed by birth mother and filed within TPR case.
- It must be marked as Confidential within TP case.
- Code: **FHQPD** - family history question.-pregnancy/delivery info

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Safety and Permanence

Adoption Records Search Program
P.O. Box 8816
Madison, WI 53708-8816
(608) 422-6928

**Family History Questionnaire
Medical / Genetic – Pregnancy and Delivery Information**

Use of form: This form is used to collect pregnancy and delivery information for any child whose biological mother has terminated parental rights to that child in Wisconsin. Completion of this form meets the requirements of s. 48.425(1)(m), Wis. Stats. Another individual may complete this form on behalf of the birth parent if the birth parent is unable to do so. Personally identifiable information on this form is confidential and will be used only for identification purposes.

Instructions: After completion, this form must be attached to and submitted with the "Family History Questionnaire - Medical / Genetic," form CFS-149. If additional space is needed when completing this form, attach separate sheet(s).

Name – Child (Last, First, Middle) Birthdate – Child (mm/dd/yyyy)

SECTION I PREGNANCY INFORMATION

1. When did you first suspect you were pregnant with this child? 2. When was this pregnancy confirmed by a pregnancy test?

3. ☐ Yes ☐ No Did you receive prenatal care during this pregnancy? If "Yes", when did prenatal care begin?

4. ☐ Yes ☐ No Did you gain weight during this pregnancy? If "Yes", number of pounds?

5. ☐ Yes ☐ No Did you lose weight during this pregnancy? If "Yes", number of pounds?

6. ☐ Yes ☐ No Were you hospitalized during this pregnancy? If "Yes", list hospitalizations, reasons and dates below.

a. Hospital	Reason(s)	Dates(s) (mm/dd/yyyy)
b. Hospital	Reason(s)	Dates(s)
c. Hospital	Reason(s)	Dates(s)

7. ☐ Yes ☐ No Did you take medication during this pregnancy? (Include prescription and over-the-counter or nonprescription drugs.) If "Yes", list them below.

a. Medication	Purpose of Medication	Date(s) (mm/dd/yyyy)	Dosage Size and Quantity
b. Medication	Purpose of Medication	Date(s)	Dosage Size and Quantity
c. Medication	Purpose of Medication	Date(s)	Dosage Size and Quantity
d. Medication	Purpose of Medication	Date(s)	Dosage Size and Quantity

8. ☐ Yes ☐ No Did you smoke cigarettes during this pregnancy? If "Yes", number per day?

9. ☐ Yes ☐ No Did anyone in your household smoke during this pregnancy?

DCF-F-CFS0149A-E (R. 06/2015)

Family History Questionnaires

- Family History Questionnaire(s) must be sent to DCF - Adoption Records Search Program after the TPR is granted. (address is on the top right corner of the form)
 - Adoption Records Search Program
Division of Safety and Permanence
PO Box 8916
Madison, WI 53708-8916
 - *Certified TPR orders are sent to public adoption agencies, not DCF.
- This applies to both public and private TPRs.

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY	
IN THE INTEREST OF _____	Consent to Termination of Parental Rights (Affidavit)
Name _____	Case No. _____
Date of Birth _____	

UNDER OATH, I STATE:

1. My name is _____.
My address is _____.
My date of birth is _____.
2. My child is not a member of or eligible for membership in an Indian tribe.
3. **For stepparent adoptions:**
 - I am the ☐ mother ☐ father of this child
 - The child ☐ was ☐ was not born during a marriage with the other parent.**For non-marital, non-adjudicated alleged fathers:**
 - I have never been married to _____, mother of this child.
 - I have never been adjudicated (formally determined by a court) to be the father of this child.
 - I am aware that I am alleged to be the father of this child.
 - I am not admitting or denying that I am the father of this child.
4. I know that a petition to terminate my parental rights has been or will be filed.
5. I have been informed and understand that a court order terminating parental rights will permanently end **ALL legal rights and duties** that exist between myself and this child, such as:
 - Duty to support
 - Right to custody and visitation
 - Right to inherit
6. I wish to give up any parental rights that I may have to this child and consent to the court entering an order terminating my parental rights.
7. I give up the right to know of any future hearing or proceedings in this matter.
8. I am making this decision on my own free will. No promises or threats have been made to get me to sign this document.

State of _____	▶ _____
County of _____	Signature _____
Subscribed and sworn to before me on _____	Name Printed or Typed _____
_____ Notary Public/Court Official	Address _____
_____ Name Printed or Typed	Email Address _____ Telephone Number _____
My commission/term expires: _____	Date _____ State Bar No. (if any) _____
<input type="checkbox"/> This notarial act involved the use of communication technology.	

FOR STEP PARENT ADOPTIONS, YOU MUST HAVE TWO WITNESSES SIGN BELOW IN ADDITION TO COMPLETING THE NOTARY SECTION ABOVE.

Signature of Witness

Signature of Witness

Consent to TPR - Affidavit JD-1636

- This form is used when a parent consents to a voluntary termination of parental rights.
- It must be signed by a notary.
 - For step-parent TPRs/adoptions, there must be 2 witness signatures.
- Code: **CTPRA** - Consent to TPR - affidavit

Consent to TPR - Judicial

JD-1637

- The certificate of judge who recorded the voluntary consent is required.
 - If the parent is a minor or is incompetent, the parent's GAL must also approve the consent.
- § 48.41(b)(1) allows a parent who resides out of county or state to file a voluntary consent to terminate their parental rights before a circuit court judge in their county for a case being handled in another Wisconsin county or another state.
- Code: **CTPRJ** - consent to TPR – judicial

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY	
IN THE INTEREST OF _____	Consent to Termination of Parental Rights (Judicial)
Name _____	
Date of Birth _____	Case No. _____

UNDER OATH, I STATE:

1. My name is _____
My address is _____
My date of birth is _____.
2. I am a parent or alleged to be a parent of the above-named child.
3. I am the: (Check one) ☐ mother, ☐ presumed father, ☐ biological (non-adjudicated) father.
☐ alleged father, ☐ adjudicated father.
4. My child is not a member of or eligible for membership in an Indian tribe. [For an Indian child, use the Indian Child Welfare Act version (IW-1637) of this form.]
5. I have been informed and understand that a court order terminating parental rights will permanently end **ALL legal rights and duties** that exist between myself and this child, such as:
 - Duty to support
 - Right to custody and visitation
 - Right to inherit
6. I wish to give up any parental rights that I may have to this child and consent to the Court entering an order terminating my parental rights.
7. I give up the right to know of any future hearing or proceedings in this matter.
8. I am making this decision on my own free will. No promises or threats have been made to get me to sign this document.

State of _____ Signature _____
County of _____ Name Printed or Typed _____
Subscribed and sworn to before me on _____
Notary Public/Court Official _____ Address _____
Name Printed or Typed _____ Email Address _____ Telephone Number _____
My commission/term expires: _____ Date _____ State Bar No. (if any) _____
☐ This notarial act involved the use of communication technology.

APPROVAL OF GUARDIAN AD LITEM (Needed for minor or incompetent parent) I am the guardian ad litem for the above-named parent who is a <input type="checkbox"/> minor or <input type="checkbox"/> incompetent. I am familiar with the facts. I join in the consent to the termination of this person's parental rights. Guardian ad Litem _____ Name Printed or Typed _____ Address _____ Email Address _____ Telephone Number _____ Date _____ State Bar No. (if any) _____	CERTIFICATE OF JUDGE I certify that I am the judge of the _____ court of _____ County, State of _____, a court of record. The above-named parent appeared before me on this date. I questioned this parent and found this consent to be informed and voluntary before I accepted it. Judge _____ Name Printed or Typed _____ Date _____
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STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY	
IN THE INTEREST OF _____	Consent to Termination of Parental Rights (Judicial) Indian Child Welfare Act
Name _____	
Date of Birth _____	Case No. _____

UNDER OATH, I STATE:

1. My name is _____
My address is _____
My date of birth is _____.
2. I am the (check one) ☐ mother, ☐ presumed father, ☐ biological (non-adjudicated) father.
☐ alleged father, ☐ adjudicated father.
3. My child is a member of an Indian tribe or is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe.
4. My child is at least 11 days old.
5. The terms and consequences of signing this consent have been fully explained in detail and in my own language. I understand that a court order terminating parental rights will permanently end **ALL legal rights and duties** that exist between me and this child, such as:
 - duty to support
 - right to custody and visitation
 - right to inherit
6. I wish to give up any parental rights that I may have to this child and consent to the court entering an order terminating my parental rights.
7. I give up the right to know of any future hearing or proceedings in this matter.
8. I am making this decision on my own free will. No promises or threats have been made to get me to sign this document.
9. My consent can be withdrawn for any reason at any time prior to the court's order terminating my parental rights.

APPROVAL OF GUARDIAN AD LITEM (Needed for minor or incompetent parent) I am the guardian ad litem for the above named parent who is a <input type="checkbox"/> minor <input type="checkbox"/> incompetent. I am familiar with the facts. I join in the consent to the termination of this person's parental rights. Guardian ad Litem _____ Name Printed or Typed _____ Date _____	CERTIFICATE OF JUDGE I certify that I am the judge of the _____ court of _____ County, State of _____, a court of record. The above named parent appeared before me on this date. The terms and consequences of the consent to terminate parental rights, including the limitation on withdrawing the consent, have been fully explained in detail and were fully understood by the parent and I therefore found this consent to be informed and voluntary before I accepted it. Judge _____ Name Printed or Typed _____ Date _____
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Consent to TPR - Judicial (ICWA)

IW-1637

- This form is used by either parent of an Indian child who consents to a voluntary termination of parental rights.
- It must be signed in front of a judge, accompanied by a written certification by the judge, and approved by the GAL.
- Code: **CTPRJ** - consent to TPR – judicial

POST-TPR

Statewide (except Milwaukee)

- TPR order transfers case and guardianship of the child to DCF.
- DCF contracted adoption agencies provide case management and adoption services, not the county agency.
 - Lutheran Social Services (LSS) and Children's Wisconsin

Milwaukee / DMCPs

- Milwaukee County does not transfer the case.
- The case remains with the same contracted agency - WellPoint or Children's Wisconsin.

CERTIFIED TPR ORDERS

- When there is a public TPR (filed by Corporation Counsel, the DA's Office, or the county agency), a certified copy of the TPR order must be sent to the DCF Public Adoption Agency. § 48.43(4).
 - Certified TPR orders should be sent to the DCF Public Adoption Agency.
 - Addressses can be found in the TPR orders form summaries.
 - Milwaukee - TPR order is provided to the worker that stays on for the adoption case.
- The DCF Public Adoption Agency should also receive notice of any post-TPR change in placement, post-TPR permanency plan hearing, or Notice of TPR appeal when DCF is the guardian of the child.

WITHDRAWING PARENTS FROM TP CASE

- Unless there is a local court rules, we recommend withdrawing parents 30 days post-TPR.
 - This will allow the TPR orders to be filed, for attorneys to submit any bills, and for the parent/parent's attorney to e-file any Notice of Intent to Pursue Postdisposition or Appellate Relief.
- A terminated parent should not receive notice of any post-TPR permanency hearings or post-TPR changes in placement.
- If an attorney needs to opt in to review the TPR case before filing the appeal, the attorney should be added as "other" and only be given access for a short time.
 - Post-TPR permanency plans and changes in placement should be restricted from "other" parties.

JUDICIAL CHECKLIST – POST-TPR PERMANENCY HEARING

A Permanency Hearing is a critical event where the court must assess the appropriateness of a child's permanency goal and progress towards that goal. This checklist is designed to highlight key questions that the court should ask at every Post-Termination of Parental Rights Permanency Hearing to elicit more detailed information.

AT EVERY PERMANENCY HEARING:

1. Address appearances, written information and youth consultation:

- ☐ Are all parties and participants present, including the child? If not, did they receive proper notice?
- ☐ Is the hearing timely?
- ☐ Have you consulted with the child? What is the child's opinion about the proposed plan?
- ☐ If child is 14 years or older, was the child consulted by the agency in preparation of the plan? Did the agency describe the programs and services for transition from out-of-home care to successful adulthood?
- ☐ If the child is an Indian child, have you consulted with the Indian child's tribe?
- ☐ If the child is not present, why not? When did the guardian ad litem (GAL) or adversary counsel consult with the child? What is the child's opinion about the proposed plan?
- ☐ Were any written statements submitted? If so, have they been distributed to all parties?
- ☐ Would the child's caregiver like to make a statement or submission in writing?
- ☐ Would the Indian child's tribe like to make a statement or submission in writing?
- ☐ Has everyone received a copy of the Permanency Plan and any additional reports?

2. Examine the child's current placement:

- ☐ Does the current placement remain necessary, safe, and appropriate?
- ☐ Does the current placement meet all the child's physical, emotional, and educational needs?
- ☐ Does the child have opportunity to participate in age or developmentally appropriate extracurricular, enrichment, cultural, and social activities?
- ☐ How does the child feel about his or her current placement?
- ☐ Is the child placed with a relative? If not, why?
- ☐ Has the agency searched for relatives and examined them as potential placements or adoptive resources? If not, why?
- ☐ If the child has siblings, are the child and siblings placed together? If not, why?
- ☐ If the siblings are not placed together, are they spending time together? How often and in what setting? How is the sibling interaction going and is it appropriate and sufficient?
- ☐ If this case is subject to the Wisconsin Indian Child Welfare Act, is the child placed in accordance with the placement preferences under Wis. Stat. § 48.028(7)?
 - ☐ If not, is there good cause to depart from the order of preference?
 - ☐ If not, what efforts have been made in the last six months to locate a placement that meets the preferences?

3. Review the child's post-TPR placement status and permanency goal(s):

- ☐ How long has the child resided outside the home?
- ☐ What is the proposed permanency goal and concurrent permanency goal (if any)?
- ☐ Why is this goal in the child's best interests? Is this goal appropriate?
- ☐ How will this goal provide stability and permanency?

4. Evaluate progress made to address service needs of the child:

- ☐ What services has the agency offered or provided? Are there additional services that should be offered to the child?
- ☐ Have adequate efforts been made to involve appropriate service providers?
- ☐ Have the agency, service providers, identified permanent resource, and child complied with the permanency plan?
- ☐ If this case is subject to the Wisconsin Indian Child Welfare Act, has the agency engaged in active efforts under Wis. Stat. § 48.028(4)(g)? *[The agency should also indicate which activities are not applicable due to the TPR.]*

5. Review the child's progress toward permanency:

- ☐ Does the child have an identified permanent resource?

An Identified Permanent Resource Currently Exists:

- ☐ Is the child placed with the identified permanent resource? If not, what are the barriers?
- ☐ If this case is subject to the Wisconsin Indian Child Welfare Act, does the resource meet the placement preferences under Wis. Stat. §48.028(7)?
- ☐ If the Indian child's resources does not meet the placement preferences under Wis. Stat. §48.028(7), what efforts have been made in the last six months to locate a placement that meets the preferences?
- ☐ Is the resource appropriate and willing to serve as a permanent family to the child?
- ☐ What is the likelihood of adoption or guardianship finalization?
- ☐ Has the home study been completed and approved? If not, what are the delays?
- ☐ Has the adoption or guardianship finalization paperwork been completed (including subsidy agreements)? If not, what are the delays? Is a TPR appeal pending?
- ☐ Has the adoption or guardianship petition been filed? If not, what is the date it will be filed?

An Identified Permanent Resource DOES NOT Currently Exist:

- ☐ Is the agency making reasonable efforts to locate permanent resource? If not, why?
- ☐ What recruitment efforts have been made to locate a permanent resource? If no efforts have been made, why?
 - ☐ Has a relative search been completed? If not, why?
 - ☐ Was a Child Description for Adoption Recruitment completed? If not, why?
 - ☐ If a Child Presentation Meeting was completed, what was the response?
 - ☐ Is the child photolisted? If not, why?
 - ☐ Does the child have a video recruitment? If not, why?

Other Planned Permanent Living Arrangement (OPPLA) (age 16 or older only):

- ☐ Has the agency made intensive and ongoing efforts to place the child for adoption or guardianship, and have those efforts proven unsuccessful?
- ☐ Why is OPPLA the best permanency goal for the child?
- ☐ Have compelling reasons been documented as to why it would not be in the child's best interests to have one of the other permanency goals?
- ☐ Does the child have regular, ongoing opportunities to engage in age or developmentally appropriate activities and is the caregiver applying the reasonable and prudent parent standard?
- ☐ Does the goal include an appropriate, enduring relationship with an adult?

6. Schedule next hearing.

- ☐ Has a guardianship or adoption hearing scheduled and, if not, can it be?
- ☐ Should a review hearing be scheduled prior to the next Permanency Review/Hearing?

QUESTIONS ON TPR?



ADOPTION

Case can be opened as:

- JA - Juvenile Adoption
- AD - Adoption

Venue is in the county where:

- the proposed adoptive parent or child resides or
- a petition for TPR was filed or granted

§ 48.83 (1)

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE INTEREST OF _____

Petition for Adoptive Placement

Name _____

Case No. _____

Date of Birth _____

UNDER OATH, I STATE:

1. ☐ A. The child was born on the date indicated above and resides at _____.
☐ B. The child is due to be born about _____.
2. The birth mother _____, age _____,
resides at _____.
3. The birth father _____, age _____,
resides at _____.
4. The proposed adoptive Parent 1 _____, age _____,
resides at _____.
5. The proposed adoptive Parent 2 _____, age _____,
resides at _____.
6. [Person/agency] _____ arranged placement of the child.
7. The report of financial, medical and legal arrangements is attached.
8. The placement is in a licensed foster home.
9. The Petition for Termination of Parental Rights accompanies this Petition.
10. ☐ A. The child is not subject to the federal Indian Child Welfare Act.
☐ B. The child is subject to the federal Indian Child Welfare Act, and:
(1) Indian tribe's name and address: _____
(2) Indian custodian's name and address: (if applicable) _____
(3) ☐ Placement has been made in accordance with the order of preference set forth in the Indian Child Welfare Act. **OR**
☐ There is good cause to depart from the order of placement preference in the Indian Child Welfare Act: _____
11. Is an interpreter needed? ☐ No ☐ Yes Language(s) _____ Party Name(s) _____

State of _____

County of _____

Subscribed and sworn to before me on _____

Notary Public/Court Official

Name Printed or Typed

My commission/term expires: _____

Petitioner's Signature

Name Printed or Typed

Address

Email Address

Telephone Number

Petition for Adoptive Placement

JC-1640

- This petition seeks to place the child with an adoptive placement.
 - It should be filed in the TPR case.
 - A JA/AD case should not be opened for this petition.
- Code: **PAP** - Petition for adoptive placement

Petition for Minor Child Adoption

JC-1645

- This form is used for both public and private adoptions.
- Code: **PFA** - Petition for adoption - child/adult

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF THE ADOPTION OF _____

**Petition for
Minor Child Adoption**

Name _____

Case No. _____

Date of Birth _____

UNDER OATH:

I petition the court for an Order for Adoption of this person, and state:

1. I am
☐ a relative of the child by blood.
☐ the child's step parent.
☐ a proposed adoptive parent with whom the child has been placed.
My address is _____
My telephone number is _____.
- ☐ 2. The parental rights of Parent 1 [Name] _____
☐ were terminated and a certified copy of the Order Terminating Parental Rights is attached.
☐ will be terminated on _____ in _____ court.
☐ Other: _____
- ☐ 3. The parental rights of Parent 2 [Name] _____
☐ were terminated and a certified copy of the Order Terminating Parental Rights is attached.
☐ will be terminated on _____ in _____ court.
☐ Other: _____
- ☐ 4. The guardian is _____ and the
☐ consent is attached.
☐ consent will be provided prior to the hearing.
5. The child has lived in my home since _____.
6. The adoption is in the best interests of the child.
- ☐ 7. The child's name should be changed to
[First] _____ [Middle] _____ [Last] _____.
8. The child ☐ is ☐ is not ☐ may be subject to the federal Indian Child Welfare Act.
Tribe/address: _____
9. Is an interpreter needed? ☐ No ☐ Yes Language(s) _____ Party Name(s) _____

State of _____

County of _____

Subscribed and sworn to before me on _____

Notary Public/Court Official

Petitioner

Name Printed or Typed

ADOPTION

Certified TPR
order(s) must be
filed with court.

Code: CCTPR -
certified copy of
TPR order

Guardian ad Litem - the court
shall appoint a guardian ad
litem for any child who is
subject to a contested adoption
proceeding. § 48.235 (1)(c)

Adversary Counsel through SPD
- will appoint if court makes a
referral. § 48.23 (3)

Order for Hearing and Investigation

JC-1641

- This form is used in
Adoptive Placements and
Adoptions.
 - Adoptive placements -
schedule a hearing
within 30 days.
 - Adoptions - schedule a
hearing within 90 days.
- Code: OHS - order for
hearing and screening

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY	
IN THE MATTER OF THE <input type="checkbox"/> Adoptive Placement of <input type="checkbox"/> Adoption of	Order for Hearing and Investigation <input type="checkbox"/> Adoptive Placement <input type="checkbox"/> Adoption
Name _____	Case No. _____
Date of Birth _____	
A Petition for <input type="checkbox"/> adoptive placement <input type="checkbox"/> adoption has been filed by [Name] _____.	
THE COURT ORDERS:	
1. Agency name: _____ Agency address: _____ Agency phone: _____ shall conduct an investigation and file a report with the court <ul style="list-style-type: none">• 5 days prior to the hearing for adoptive placement.• 10 days prior to the hearing for adoption.	
2. The hearing shall be held on [Date] _____, at [Time] _____, at [Location] _____.	
3. Petitioner shall give notice of the hearing by mailing a copy of this order to interested persons.	
If you require reasonable accommodations due to a disability to participate in the court process, please call _____ prior to the scheduled court date. Please note that the court does not provide transportation.	
Name of Attorney _____	
Address _____	
Telephone Number _____	Bar Number _____

Order for Hearing and Screening (Stepparent Adoption) JC-1643

- This form is used in stepparent adoptions where the agency does not have guardianship of the child.
- Schedule a hearing within 90 days.
- Code: **OHI** - order for hearing and investigation

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF THE ADOPTION OF

Name

Date of Birth

Order for Hearing and Screening
(Stepparent Adoption)

Case No. _____

A Petition for adoption of this person has been filed by [Name] _____.

THE COURT ORDERS:

1. Agency name: _____
Agency address: _____
Agency phone: _____
shall conduct a single-interview screening and file a report with the court by [Date] _____.

2. The hearing shall be held on [Date] _____, at [Time] _____,
at [Location] _____.

3. Petitioner shall give notice of the hearing by mailing a copy of this order to interested persons.

If you require reasonable accommodations due to a disability to participate in the court process, please call _____
prior to the scheduled court date. Please note that the court does not provide transportation.

Name of Attorney

Address

Telephone Number

Bar Number

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Safety and Permanence
DCF-F-CFS0857-E (R. 01/2015)

CIRCUIT COURT
COUNTY

ADOPTION INVESTIGATION REPORT TO CIRCUIT COURT

REPORT OF INVESTIGATION BY THE WISCONSIN DEPARTMENT OF CHILDREN AND FAMILIES, DIVISION OF SAFETY AND PERMANENCE, UNDER THE PROVISION OF SEC. _____, WIS. STATUTES

ADOPTION OF: _____

ADOPTION BY: _____

Child Information

Name – (Last, First, Middle)

Birthdate (mm/dd/yyyy)

Birth Place

Name to be Changed to: (Last, First, Middle)

Date – Child Placed in Adoptive Home

Termination of Parental Rights

Mother

Date – Termination

Terminated By

Father

Date – Termination

Terminated By

Health, Adjustment and General Comments

☐ Yes ☐ No Indian Child Welfare Act Applies

Comments

Birth Mother Information

Name – (Last, First, Middle)

Name – Maiden

Marital Status

Birthdate (mm/dd/yyyy)

Birth Place

Race

Education

Health and General Comments

Birth Father Information

☐ Yes ☐ No Paternity established

Name – (Last, First, Middle)

Birthdate (mm/dd/yyyy)

Birth Place

Education

Race

Health and General Comments

Petitioning Parent 1 Information

Name – (Last, First, Middle)

Name – Maiden

Birthdate (mm/dd/yyyy)

Birth Place

Race

Education

Adoption Investigation Report to Circuit Court

- This form is used statewide, except in Milwaukee.
- This investigation report shall be filed at least 10 days before the adoption hearing.
- Code: **ARO** - adoption - report of investigator
 - **REP** - Report

Report to the Court on the Adoption Investigation

- This form is only used in Milwaukee.
- This investigation report shall be filed at least 10 days before the adoption hearing.
- Code: **ARO**I - adoption - report of investigator
 - **REP** - Report

DEPARTMENT CHILDREN AND FAMILIES Division of Milwaukee Child Protective Services			
REPORT TO THE COURT ON THE ADOPTION INVESTIGATION			
In the Matter of Adoption of [Redacted]			
By [Redacted]			
The [Redacted], Adoption Unit, on behalf of the guardianship agency, the State of Wisconsin, Department of Children and Families, Division of Milwaukee Child Protective Services, submits its investigation into the adoption of [Redacted] by [Redacted], a single person made under the provisions of Section 48.88 (2)(b) of the Wisconsin Statutes. This investigation establishes the following facts:			
Child Information			
Name – (Last, First, Middle)	Birthdate (mm/dd/yyyy)	Birth Place	
[Redacted]	[Redacted]	[Redacted]	
Name to be Changed to: (Last, First, Middle)		Date – Child Placed in Adoptive Home	
[Redacted]		[Redacted]	
Health and General Comments [Redacted]			
Birth Mother Information			
Name – (Last, First, Middle)		Name – Maiden	Marital Status
[Redacted]		[Redacted]	[Redacted]
Birthdate (mm/dd/yyyy)	Birth Place	Race	Education
[Redacted]	[Redacted]	[Redacted]	[Redacted]
Health and General Comments [Redacted]			
Birth Father Information			
<input type="checkbox"/> Yes <input type="checkbox"/> No Paternity established			
Name – (Last, First, Middle)		Birthdate (mm/dd/yyyy)	Birth Place
[Redacted]		[Redacted]	[Redacted]
Education		Race	
[Redacted]		[Redacted]	
Health and General Comments [Redacted]			
Petitioning Mother Information			
Name – (Last, First, Middle)		Name – Maiden	Marital Status
[Redacted]		[Redacted]	[Redacted]
Birthdate (mm/dd/yyyy)	Birth Place	Race	Education
[Redacted]	[Redacted]	[Redacted]	[Redacted]
Name – Employer		Occupation	Start Date (mm/dd/yyyy)
[Redacted]		[Redacted]	[Redacted]
Health and General Comments [Redacted]			
<input type="checkbox"/> Yes <input type="checkbox"/> N/A Completed required training			
Petitioning Father Information			
Name – (Last, First, Middle)			Marital Status
[Redacted]			[Redacted]

Step-parent Screening or Adoption Homestudy Summary Step-parent Adoption

- Step-parent screening is filed by adoption agency.
- There is not a Circuit Court form.
- It is typically filed on the adoption agency letterhead.
 - Some private agencies may have their own form.
- This is filed in lieu of an investigation report.
- Code: **SPAS** - step-parent adoption screening

Recommendation for Adoption Sections 48.841, 48.85 and 48.89 09-12-2022
Clerk of Circuit Court
Waukesha County
2022JL [REDACTED]

STATE OF WISCONSIN, WAUKESHA COUNTY COURT

In the Matter of the Adoption of:

[REDACTED] DOB: [REDACTED]

RECOMMENDATION OF: ☒ GUARDIAN (SS. 48.841 AND 48.85)
☐ DEPARTMENT (S. 48.89)

by [REDACTED]

The State of Wisconsin Department of Children and Families, whose recommendation to the adoption of [REDACTED]
[REDACTED], hereinafter called the aforesaid, is required by either Sections 48.841 and 48.85 or 48.89, Wisconsin
Statutes, hereby recommends that the aforesaid be adopted by said [REDACTED] and [REDACTED] as
prayed for in their petition, and pursuant to the statute in such case made and provided. Made in duplicate at
Wauwatosa, Wisconsin, this 12th day of September, 2022 A.D.

STATE OF WISCONSIN
DEPARTMENT OF CHILDREN AND FAMILIES

[REDACTED]

Christine Dieball, Adoption Case Worker (Contractor) on behalf
of the Adoption Section Division of Safety and Permanence

Guardian Recommendation for Adoption

- Milwaukee has their own form.
- Public adoption agencies have their own form or use their letterhead.
- It is filed at least 10 days before the adoption hearing. \$48.85
- Code: **RCMD** - Recommendation

Consent to Adoption JC-1646

- This form can be used for any party to consent to the adoption.
- Code: **CTAD** - consent to adoption

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF THE ADOPTION OF

Name _____

Date of Birth _____

Consent to Adoption

Case No. _____

UNDER OATH:

I consent to this adoption.

State of _____

County of _____

Subscribed and sworn to before me on _____

Notary Public/Court Official

Name Printed or Typed

My commission/term expires: _____

☐ This notarial act involved the use of communication technology.

Signature _____

Name Printed or Typed _____

Address _____

Email Address _____ Telephone Number _____

Date _____ State Bar No. (if any) _____

ADOPTION HEARING

Adoption hearing code: **ADOH**

- Adoption hearings can be informal and held in chambers unless an interested person objects.
- A minor 14 or older shall attend the adoption hearing unless the court orders otherwise.
- The court may order a name change.

Order on Petition for Minor Child Adoption

JC-1647

- A certified adoption order must be sent to DHS with the Report of Adoption.
- Code: **OFAD** - Order for adoption - child/adult

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY	
IN THE MATTER OF THE ADOPTION OF	
Name _____	Order on Petition for Minor Child Adoption
Date of Birth _____	Case No. _____

THE COURT FINDS:

- The petitioner(s), (Name(s)) _____, is/are
☐ a relative(s).
☐ a stepparent(s).
☐ the proposed adoptive parent(s) with whom the minor child was placed.
- The minor child has lived with the petitioner(s) since [Date(s)] _____.
- ☐ The guardian ☐ does ☐ does not consent to this adoption.
- The recommendation and written report of [Agency] _____ was filed.
- The minor child is suitable for adoption. The petitioner is a fit and proper person of reputable standing in the community with the ability to maintain and support this minor child. The adoption is in the best interests of the minor child.
- All legal requirements concerning this ☐ adoption ☐ readoption were met.
- ☐ The adoptive parent(s) has requested that the birth certificate not be changed.
- The provisions of the Indian Child Welfare Act do not apply. An inquiry has been made on the record to each participant in this proceeding as to whether the participant knows or has reason to know that the minor child is an Indian child. [For an Indian child, use the Indian Child Welfare Act version (IW-1647).]

THE COURT ORDERS:

The Petition for Adoption is

☐ 1. **GRANTED.**
☐ A. The name of this minor child shall be changed to _____.
☐ B. The birth certificate for this minor child ☐ shall ☐ shall not be changed.

☐ 2. **DENIED** for the following reason(s): _____.

THIS IS A FINAL ORDER FOR THE PURPOSE OF APPEAL.

DISTRIBUTION:

1. Court	4. Adoptive Parent(s)
2. Child's Guardian ad Litem/Adversary Counsel	5. Parents' Attorney(s)
3. Child's Guardian	6. Adoption Agency

Report of Adoption

- This is a DHS form. It is completed by the parties and the court mails it to Vital Records. It is not filed in the case.
- Code: **ROA** - Report of adoption
 - Simply enter that the report was sent to Vital Statistics.

DEPARTMENT OF HEALTH SERVICES Division of Public Health F-05022 (Rev. 12/14)		REPORT OF ADOPTION Do <u>not</u> post this form on any website or alter it in any way. If the revision date on this form is over a year old, contact the State Vital Records Office to assure that you are using an acceptable version.		STATE OF WISCONSIN Chapter 69.15(1)(b), Wis. Stats. Page 1 of 2	
PART I TYPE OF ADOPTION (Check one) <input type="checkbox"/> Stepparent <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent					
PART II CHILD'S NEW NAME AS SET FORTH IN DECREE					
FIRST NAME		MIDDLE NAME	LAST NAME	TITLE (e.g., Jr., I, II)	
PART III INFORMATION ABOUT PARENTS AFTER THE CHILD'S ADOPTION (If Stepparent Adoption, both parents need to be listed).					
MOTHER OR PARENT ONE	FULL CURRENT NAME				
	First Name		Middle Name	Current Last Name	Title (e.g., Jr., I, II)
	FULL BIRTH NAME (As It Appears On Birth Certificate)				
	First Name		Middle Name	Birth Last Name	Title (e.g., Jr., I, II)
Birth Date (Month / Day / Year)			STATE OF BIRTH (if not in USA, name of Country)		
FATHER OR PARENT TWO	FULL CURRENT NAME				
	First Name		Middle Name	Current Last Name	Title (e.g., Jr., I, II)
	FULL BIRTH NAME (As It Appears On Birth Certificate)				
	First Name		Middle Name	Birth Last Name	Title (e.g., Jr., I, II)
Birth Date (Month / Day / Year)			STATE OF BIRTH (if not in USA, name of Country)		
ADOPTIVE MOTHER OR PARENT ONE'S RESIDENCE AT THE TIME OF THE CHILD'S BIRTH					
State		County	Name of City, Village, or Township		Check one <input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village
VERIFICATION OF ABOVE	SIGNATURE – Parent One Verifying Above Data			SIGNATURE – Parent Two Verifying Above Data	
	PRESENT COMPLETE MAILING ADDRESS OF ADOPTIVE PARENT(S) (Street Address / City / State / Zip Code)				DAYTIME TELEPHONE NUMBER ()
PART IV BIRTH INFORMATION NEEDED TO LOCATE THE CURRENT BIRTH CERTIFICATE ON FILE					
CHILD'S PERSONAL DATA	CHILD'S FULL BIRTH NAME - First Name		Middle Name	Birth Last Name (as on birth certificate)	Title
	SEX (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		BIRTHPLACE - City, Village, or Township		County
	State (* See note at bottom of Pg 2)				
BIRTH PARENT'S FULL BIRTH NAME					

PART V COURT DIRECTIVE			
A New Birth Certificate for this child: <input type="checkbox"/> is to be created <input type="checkbox"/> should not be created and no changes to the existing record <input type="checkbox"/> should not be created and the existing record is to show the child's name change as follows:			
First Name	Middle Name	Last Name	Title (e.g., Jr., I, II)
REGARDING ADULT ADOPTIONS WITH NAME CHANGE: A PERSON THAT IS REQUIRED TO REGISTER AS A SEX OFFENDER MAY NOT CHANGE HIS OR HER NAME, Pers. 301.47, Wis Stats. (Class H felony).			
PART VI AMENDMENT (Complete this section if an Amendment is needed to the previous Report of Adoption.)			
<input type="checkbox"/> See Part _____ of this form.			
<input type="checkbox"/> The following item has been amended from the previous Report of Adoption (must list the same Court Case Number).			
Name of Item		New Amended Information	
PART VII CERTIFICATION OF CLERK OF COURT OR DEPUTY			
Case Number (MANDATORY)	Effective Date of Adoption (Month/Day/Year)	Amendment Order <input type="checkbox"/> Adoption has been Amended	Effective Date of Amendment (Month/Day/Year)
Branch Number	County	City	State
Court Seal Must Be Present			
I hereby certify that an order has been granted for the adoption of the child identified in Part II above by the parent(s) identified in Part III above			
SIGNATURE _____ (Signature of Clerk of Court or Deputy)		Date Signed _____ (Month/Day/Year)	
COURT SEAL NAME (Typed or Printed) – Clerk of Court or Deputy _____			
PART VIII FEE AND MAILING INFORMATION (Complete this section only if this report is to be filed in Wisconsin Vital Records. *)			
<input type="checkbox"/> Fee to File this Report of Adoption		\$ 20.00	
<input type="checkbox"/> Fee to file an Amendment to the Report of Adoption.....		\$ 10.00	
<input type="checkbox"/> One certified copy of the new birth certificate		\$ 20.00	
<input type="checkbox"/> Each additional copy of the new birth certificate issued at the same time as the first copy		X \$ 3.00	
No. of Copies			
Make check or money order payable to: State of Wis. Vital Records TOTAL _____			
Send this properly completed, signed, sealed form and a check or money order to: State Vital Records Office / ATTN: Adoptions / P.O. Box 309 / Madison, WI 53701-0309			
SEND CERTIFIED COPY OF NEW BIRTH CERTIFICATE TO: (Check one if ordering a copy.) <input type="checkbox"/> Adoptive Parents in Part III <input type="checkbox"/> Attorney / Agency / Name and Address Below			
ADDRESSEE NAME		DAYTIME TELEPHONE NUMBER ()	
COMPLETE MAILING ADDRESS – Street Address or P.O. Box		City	State ZIP Code

Report of Adoption

- This is sent to the State Vital Records Office with:
 - A certified adoption order
 - \$40 check from adoptive parents
- *It is not filed with the court.

Record of Adoption

- There is no statutory authority for the court to complete this form.
- You may want to consult with your judge before completing the form.
- Code: **REA** - Record of adoption

DEPARTMENT OF CHILDREN AND FAMILIES Division of Safety and Permanence	
RECORD OF ADOPTION	
Name - Child	Name - Petitioners for Adoption
County Circuit Court	Court Number
The Order of Adoption for the above-named Child by the Petitioners was:	
<input type="checkbox"/> Made	Date Completed: _____ (mm/dd/yyyy)
<input type="checkbox"/> Petition Denied	Date Denied: _____ (mm/dd/yyyy)
The Child's name was changed to: First name(s): _____	
Middle name(s): _____	
Last name(s): _____	
_____ SIGNATURE - Clerk of Court _____ Date Signed (mm/dd/yyyy)	
When the court order has been filed, return this form to:	

COURT REPORT FOR CENTRALIZED BIRTH RECORD

Use of form: This form may be used to meet the requirements of s. 48.427(6)(b), Wisconsin Statutes. The law does not require submission of items marked "Optional." Personally identifiable information on this form is collected to accumulate family background information necessary to fulfill the Department of Children and Families Centralized Birth Record requirements for maintaining the records for children under guardianship, and the provision of services to these children. It will be used only for this purpose.

Instructions: See reverse side.

Note: "Birth parent" for purposes of this form is defined in s. 48.432(1), Wisconsin Statutes, to be either:

1. The mother designated on the child's original birth certificate.
2. One of the following:
 - a. The adjudicated father.
 - b. If there is no adjudicated father, the husband of the mother at the time of the child's conception, birth or subsequent "legitimation."

Child Information (As given on the birth certificate)			
Name (Last, First, Middle)	Birthdate (mm/dd/yyyy)	County	State
<input type="checkbox"/> Yes <input type="checkbox"/> No Has this child been adopted previously?			
Birth Mother Information			
Name - Current (Last, First, Middle)	Last Name at Child's Birth (If different than current name)		
Address - Current (Street, City, State, Zip Code)	Address - Permanent (Street, City, State, Zip Code) Optional		
Telephone Number - Optional	Mother's Rights - <input type="checkbox"/> Terminated <input type="checkbox"/> Not Terminated If "Terminated" - _____ Date (mm/dd/yyyy) _____ County		
Birth Father Information			
Name - Current (Last, First, Middle)			
Address - Current (Street, City, State, Zip Code)	Address - Permanent (Street, City, State, Zip Code) Optional		
Telephone Number - Optional	Father's Rights - <input type="checkbox"/> Terminated <input type="checkbox"/> Not Terminated If "Terminated" - _____ Date (mm/dd/yyyy) _____ County		
<input type="checkbox"/> Yes <input type="checkbox"/> No Was the father adjudicated?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If the father was the husband of mother, is he the child's biological father?			
Guardian and Legal Custodian Information			
Name - Person or Agency Awarded Guardianship	Address - (Street, City, State, Zip Code)		
Name - Legal Custodian (If separate from guardian - agency or person)			
Address - (Street, City, State, Zip Code)			

Court Report for Centralized Birth Record

- This form can be completed by the clerk as a cover page for the medical/genetic forms.
- It should be sent to DCF to fulfill requirements of § 48.427 (6)(b).
- What code do you use for this form?

BIRTH CERTIFICATES

- § 69.24 prohibits the copying of a vital record except under the limited circumstances specified in § 69.30.
 - There is not a statute requiring the birth certificate to be filed with the court in a TPR or adoption proceeding.
- A birth certificate should not be retained or scanned into the court file.
- There is a new proposed form going to RMC this Friday entitled Annotation of Certified Birth Certificate
 - This form will be filed in the case in lieu of the certified copy of the birth certificate noting important information from the birth certificate.
- If the judge wants the birth certificate filed in the case, it should be sealed by the judge.
 - This can be done on the judge's own motion or the petitioner can file the Motion to Seal or Redact a Court Record (GF-246A).

ADOPTION RECORDS

Adoption Records Search Program

The Adoption Record Search Program helps adopted persons get information about themselves and their birth relatives. Persons whose birth parents have *terminated their parental rights** in Wisconsin can also get information about themselves and their birth relatives.

This information includes:

- Non-identifying social history information
- Medical and genetic information on birth parents and members of their families This includes routine health information and any known hereditary or degenerative disease
- Most recent names and address of birth parents in Department of Children and Family files
- A copy of the impounded birth certificate (the birth certificate on record before the time of adoption)

The Adoptions Records Search Program is available to:

- Adult adoptees
- Offspring of adult adoptees
- Adoptees whose birth parent(s) terminated parental rights when they were minors
- Adoptive parents
- Birth parents

DCF has an Adoption Records Search Program

- <https://dcf.wisconsin.gov/adoption/search>

- \$40 fee for the program which is sent to DHS

ADOPTION RECORDS

Request to Disclose Adoption Court Records

- New form - JD-1740
- Can be filed in AD, JA, or GJ case
- Code - **RDAR** - Request to disclose adoption court records
 - RDAR will likely be released in January codes release

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY	
IN THE ADOPTION OF _____	Request to Disclose Adoption Court Records
Name _____	Case No. _____
Date of Birth _____	
<p>1. I am requesting adoption court records relating to the child/juvenile. I am interested as a(n): <input type="checkbox"/> adoptee <input type="checkbox"/> adoptive parent <input type="checkbox"/> Department of Children and Families <input type="checkbox"/> Other: _____</p> <p>2. The child's birth name prior to the adoption was: _____ The child's adoptive name is: _____</p> <p>3. I <input type="checkbox"/> have <input type="checkbox"/> have not contacted the Department of Children and Families (DCF) Adoption Records Search Program. (If the DCF Adoption Records Search Program was contacted, provide the communication between you and DCF.)</p> <p>4. I am requesting <input type="checkbox"/> to inspect the following adoption court record: _____ <input type="checkbox"/> a copy of the following adoption court records: _____ <input type="checkbox"/> a certified copy of the following adoption court records: _____</p> <p>5. I am requesting the above adoption court records because: _____</p> <p>6. Other: _____</p> <p>Use JD-1738A or JD-1739A to request to inspect other juvenile court records.</p> <p>► _____ Person Making Request</p> <p>_____ Name Printed or Typed</p> <p>_____ Address</p> <p>_____ Email Address</p> <p>_____ Telephone Number</p> <p>_____ Date</p> <p>_____ State Bar No. (if any)</p>	
DISTRIBUTION: 1. Court 2. Person making request	

ADOPTION RECORDS

Order on Request to Disclose Adoption Court Records

- New form - JD-1741
- Can be filed in AD, JA, or GJ case
- Code - **ORDAR** - order on req. to disclose adoption court records
 - ORDAR will likely be released in January codes release

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY	
IN THE ADOPTION OF _____	Order on Request to Disclose Adoption Court Records
Name _____	Case No. _____
Date of Birth _____	
THE COURT FINDS:	
<p>1. A Request for Adoption Court Records relating to the child/juvenile was filed in this case by [Requestor] _____ on [Date] _____. 2. Good cause <input type="checkbox"/> exists <input type="checkbox"/> does <u>not</u> exist to disclose the adoption court records.</p>	
THE COURT ORDERS:	
<p>The Request for Adoption Court Records is <input type="checkbox"/> 1. GRANTED. <input type="checkbox"/> A. The following adoption records can be released to the requestor for inspection: _____ <input type="checkbox"/> B. A copy of the following adoption records can be released to the requestor: _____ <input type="checkbox"/> C. A certified copy of the following adoption records can be released to the requestor: _____ <input type="checkbox"/> 2. DENIED for the following reasons: _____ <input type="checkbox"/> 3. Other: _____</p>	
<p>Use JD-1738B or JD-1739B to order inspection of other juvenile court records.</p> <p>THIS IS A FINAL ORDER FOR THE PURPOSE OF APPEAL.</p>	
DISTRIBUTION: 1. Court 2. Person making request	

ADOPTION RECORDS - DCF ACCESS

Pre-1982 adoption

- All information must be released by a court order.
- DCF would complete JD-1740 - Request to Disclose Adoption Court Records.
- The judge would determine if good cause exists to disclose the adoption record(s) under § 48.93.

Post-1982 adoption

(when § 48.427 (6) was created)

DCF is entitled to the following information without a court order:

- 1. The name and date of birth of the child whose birth parent's rights have been terminated.
- 2. The names and current addresses of the child's birth parents, guardian, and legal custodian.
- 3. The medical and genetic information obtained under § 48.422 (9) or 48.425 (1)(am) or (2). Family History Questionnaire
- 4. If the court knows or has reason to know that the child is an Indian child, information relating to the child's membership or eligibility for membership in an Indian tribe.

ADOPTION - ICWA

- Notice should be provided to the tribe as a best practice.
- The county child welfare agency must comply with placement preferences under WICWA unless there is good cause to depart from the order of preference. § 48.833 (3)
- There are 2 ICWA Adoption Circuit Court forms.

Number	Form name
IW-1647	Order on Petition for Minor Child Adoption (Indian Child Welfare Act) <small>Order formally indicating the court's decision on a petition for minor child adoption.</small>
IW-1649	Indian Child Adoptee Information (Indian Child Welfare Act) <small>Minor Indian child adoptee information.</small>

ADOPTION - ICWA

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY	
IN THE INTEREST OF	Indian Child Adoptee Information Indian Child Welfare Act
Name _____	
Date of Birth _____	Case No. _____

To: Bureau of Indian Affairs
Chief, Division of Human Services
1849 C Street NW
Mail Stop 4513 MB
Washington, DC 20240

The court hereby provides the following information regarding the Indian child adoptee:

1. Child's Birth Name	Child's Name after Adoption	Child's Date of Birth	Child's Tribal Affiliation
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2. Birth Father's Name	Birth Father's Address
Birth Mother's Name	Birth Mother's Address

3. An affidavit signed by a biological parent asking that his or her identity remain confidential is attached.

4. Adoptive Parent #1's Name	Adoptive Parent #1's Address
Adoptive Parent #2's Name	Adoptive Parent #2's Address

5. Name and contact information for any agency having files or information relating to the adoption:

6. The child is
☐ a member of the following tribe: _____
 OR
☐ eligible for enrollment in the following tribe: _____
 AND the child's biological
☐ father is a member of the following tribe: _____
☐ mother is a member of the following tribe: _____

7. Additional information relating to Tribal membership or eligibility for Tribal membership of the adopted child: ☐ See attached

8. The Order for Adoption is attached.

Indian Child Adoptee Information Indian Child Welfare Act

- This form and a certified copy of the adoption order must be sent to the Bureau of Indian Affairs in DC.
- What code is used for this form?

Public Adoption Guide

This resource provides a high-level summary of the work completed by public adoption agencies post-Termination of Parental Rights (TPR). Each box highlights a component of the case prior to an adoption finalization.

TPR

The county, excluding Milwaukee county, refers the case to the adoption agency prior to the filing of the TPR.

Child's name, parents' names, and birth dates must be correct or TPR order must be amended before adoption finalization.

Case Transfer

TPR order transfers case and guardianship of the child to DCF. DCF contracted adoption agencies provide case management and adoption services, not the county agency.

Milwaukee county does not transfer the case. The case remains with the same contracted agency.

Case Management

Adoption worker provides services and support post-TPR until adoption finalization.

The adoption worker must work with the child to ensure they are prepared for adoption.

Pre-adoptive Training

First time adoptive parents must complete 25 hours of pre-adoption preparation training.

Topics include: trauma, child abuse & neglect, adoption & impact on parenting, loss & grief, cultural sensitivity, etc.

Adoptive Resource

If the child is not living with the adoptive resource at TPR, a resource must be found by the adoption agency.

Adoptive resources may not feel prepared for adoption, and need support to move to adoption.

Home Study

Contracted adoption agencies, not county agencies, complete an adoption home study.

It examines a family's ability and willingness to permanently care for the child throughout their life.

Adoption agencies work with counties to update foster care home studies for adoption.

Adoption Finalization Preparation

Adoption Assistance eligibility reviewed and agreement finalized with DCF.

Ensure child(ren) and family have information and services in place post-adoption - not all services are available outside of foster care.

Adoption Hearing

Adoption worker prepares and files court paperwork.

Court will schedule adoption hearing within 90 days of petition filing.

Reasons that could delay public adoption finalization:

A CHANGE IN PLACEMENT POST-TPR:

A relative comes forward to request placement of the child.

The pre-adoptive parents no longer wish to adopt the child.

The identified pre-adoptive parents are not approved for adoption and a new identified permanent resource must be found.

LEGAL ISSUES:

The Termination of Parental Rights case is appealed by one or both parents.

The TPR case is remanded back to the Circuit Court for further proceedings.

The TPR Dispositional Order must be amended to correct the child's name, the parents' names, or birth dates prior to adoption finalization.

FAMILY IS NOT READY FOR ADOPTION:

The pre-adoptive parents have not completed adoption requirements, such as paperwork or pre-adoptive training.

The child or family needs additional services or resource prior to adoption finalization.

The child leaves the home for treatment at a residential facility.

The pre-adoptive parents disagree with the adoption assistance rate.

Adoption Resources

DCF Adoption Resources: <https://dcf.wisconsin.gov/adoption>

Public Adoption Agency Map: <https://dcf.wisconsin.gov/map/adoption/snap>

Public Adoption Resources from the Coalition for Children, Youth, and Families: <https://wiadopt.org/>

Children's Court Improvement Program E-Learning Module on Adoption:
<https://www.wiccipttraining.com/Modules/All>

Post-TPR Permanency Hearing Checklist: <https://www.wiccipttraining.com/Resources>

Children's Court Improvement Program in consultation with the Department of Children and Families

February 2021

Adoption Questions?



CCIP and the Juvenile Clerks Workgroup are working on JC codes clean up and updating Model Record Keeping Procedures.

Please let us know if there are any specific codes request to add or deactivate as well as missing Model Record Keeping Procedures that should be added.

CCIP and the Office of Court Operations are working to create treatment court codes and procedures. If your county has a Family Treatment Court, please enter your county name in the chat.