

 <b>WRAPAROUND MILWAUKEE Policy &amp; Procedure</b>	Date Issued:  9/1/98	Reviewed: <b>10/9/12</b> By: <b>LCB/MF</b> Last Revision: <b>11/8/12</b>	Section:  <b>LIAISONS</b>	Policy No:  <b>021</b>	Pages:  <b>1 of 2</b> (2 Attachments)
	<input checked="" type="checkbox"/> Wraparound <input type="checkbox"/> Wraparound-REACH <input type="checkbox"/> FISS <input type="checkbox"/> Project O-Yeah	Effective Date:  <b>1/1/13</b>	Subject:  <b>GUARDIANSHIP - TEMPORARY</b>		

**I. POLICY**

It is the policy of Wraparound Milwaukee that when the youth’s parents are unavailable or unwilling to consent for treatment services, a petition must be filed with Children’s Court for a Transfer of Temporary Guardianship Order to obtain necessary treatment or services for the youth. **For youth under a CHIPS Order, the Bureau of Milwaukee Child Welfare is responsible for securing temporary guardianship with the assistance of the Care Coordinator. For youth under a Delinquency Order, that responsibility falls to the Probation Officer with the assistance of the Care Coordinator.**

**II. PROCEDURE**

**A. Temporary Guardianship (Imminent Need)**

This section refers to situations regarding treatment issues that need legal action as quickly as possible (*i.e., out-of-home placement*).

The procedures that the Care Coordinators must follow for obtaining a temporary guardianship (Imminent Need) order are as follows:

**For a CHIPS Youth**, the Care Coordinator must contact the BMCW Case Manager to request the Temporary Guardianship. The Care Coordinator should be prepared to assist the BMCW Case Manager in this process by gathering and documenting information regarding the need for the Temporary Guardianship and by assisting in the reasonable effort attempts to contact the parent or guardian.

**For a Delinquent or JIPS Child:**

The Care Coordinator must contact the Probation Officer to request the Temporary Guardianship and to ensure that the Probation Officer is aware of the need for a Temporary Guardianship. The Care Coordinator should be prepared to assist the Probation Officer in this process by gathering and documenting information regarding the need for a Temporary Guardianship and by assisting in the reasonable efforts to contact the guardian. The Care Coordinator should also be prepared to assist in presenting this information to the Court. The Probation Officer is the agent who usually secures the Temporary Guardianship, but if a Care Coordinator is called upon to do so, the following procedure is to be followed.

1. Gather and document information regarding the specifics of the treatment or service need.
2. Consult with Supervisor and obtain the Supervisor’s approval.
3. Reasonable efforts (a minimum of three [3] in-person attempts on three [3] separate days) must be made to reach the parent(s)/guardian prior to submission of the Temporary Guardianship Worksheet.

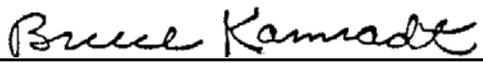
**The Care Coordinator should maintain constant and regular contact with the Probation Officer throughout this time period.**

4. Consult with the Wraparound Milwaukee Liaison.
5. Be available to supply the Probation Officer with sufficient information for them to write the petition.

6. Be available to appear in Court to give testimony regarding the details of the situation and the need for the granting of temporary guardianship.
7. After the hearing, make copies of the Guardianship Order for the caregiver, the Wraparound Liaison and the Agency file. File a set of copies in the Agency record and give a set of copies to the caregiver.
8. Take the Guardianship Order and the necessary Consents or Admission form(s) that need a guardian's signature to the proper State, County, or Wraparound Administrator for their signature.
9. Provide copies of the signed consents to the caregiver, the Wraparound Liaison and for the Agency file.
10. Discuss with the Care Coordination Supervisor [and the Child & Family Team](#) what planning might be needed when the sixty-day Temporary Guardianship Order expires.

**B. Emergency - Same Day (*after hours or weekend*) Temporary Guardianship.**

Contact staff at the Bureau of [Milwaukee](#) Child Welfare at 220-7233 regarding any weekend or after-hours requests for Temporary Guardianship that are emergent and require immediate (same day) attention.

Reviewed & Approved by:   
Bruce Kamradt, Director

**WRAPAROUND MILWAUKEE**  
**Guardianship – Temporary Policy**  
**Attachment 1**

DEPARTMENT OF HEALTH AND FAMILY SERVICES  
Division of Children and Family Services  
CFS-2075T (Rev. 4/99)

STATE OF WISCONSIN  
Bureau of Milwaukee Child Welfare

*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.*

**TEMPORARY GUARDIANSHIP WORKSHEET**

**Worker Name:** \_\_\_\_\_ **Zone:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Agency:** \_\_\_\_\_ **Site:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Court Number:** \_\_\_\_\_

**A. Family Composition**

Child A. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Full Address: \_\_\_\_\_

Child B. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Full Address: \_\_\_\_\_

Child C. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Full Address: \_\_\_\_\_

Child D. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Full Address: \_\_\_\_\_

Mother: Name: \_\_\_\_\_  
Current/Last Known Full Address: \_\_\_\_\_

Adjudicated Father: Name: \_\_\_\_\_  
Current/Last Known Full Address: \_\_\_\_\_

Alleged Father: Name: \_\_\_\_\_  
Current/Last Known Full Address: \_\_\_\_\_

Legal Guardian (If other than parent)  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Current/Last Known Full Address: \_\_\_\_\_

**B. Complete the following paragraph**

(1) On \_\_\_\_\_ said child(ren) \_\_\_\_\_ 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.

**C. Reasons why temporary guardianship is needed. *Be specific – Use complete sentences.***

**D. 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.***

**E. Signatures**

\_\_\_\_\_  
Worker

\_\_\_\_\_  
Supervisor

**WRAPAROUND MILWAUKEE**  
**NOTICE OF TEMPORARY GUARDIANSHIP HEARING**  
**Pursuant to Wis. Stats. 880.15 (1) and (1s)**

Date \_\_\_\_\_

To:

Re:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name of Child/Children)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(City, State, Zip)

Please be advised that there will be a hearing before the Juvenile Court regarding whether the Court should transfer guardianship of the above named child/children. The hearing will be held on \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m., at the Children's Court Center, 10201 W. Watertown Plank Road, Milwaukee, Wisconsin.

At this hearing, you have a right to be present. You also have a right to bring an Attorney. You have a right to present evidence through witnesses you bring, as well as cross examine witnesses the State calls at this hearing. Further, you have the right to petition for reconsideration or modification of the Temporary Guardianship under s.880.34, Wis. Stats., within thirty (30) days of receipt of this notice.

When you arrive at the Children's Court Center, please check in at the District Attorney's Office. If you have any questions, please contact the assigned Wraparound Milwaukee Care Coordinator at this number \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Care Coordinator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Supervisor's Phone Number