

IN THE INTEREST OF

Temporary Physical Custody Request Supplement (Chapter 278)

Name

Date of Birth

This document provides supplemental information to the Temporary Physical/Protective Custody Request filed in the above-captioned case on [Date]

Circumstance of the Maltreatment

1. Present Danger Threats (Check all that apply)

An immediate, significant, and clearly observant family condition that is occurring or in process of occurring at the point of contact with the family and will likely result in severe harm to the child.

A. Maltreatment

- Child is being maltreated at the time of the report or initial contact.
Severe to extreme maltreatment of child is suspected, observed or confirmed.
Child has multiple or different kind of injuries.
Child has unexplained injuries.
The maltreatment demonstrates bizarre cruelty (e.g., torture or extreme emotional abuse).
The maltreatment of several victims is suspected, observed or confirmed.
The maltreatment appears premeditated.
Dangerous (life threatening) living arrangements are present.

B. Child

- Parent's viewpoint of the child is bizarre (e.g., skewed and distorted).
Child is unsupervised and unable to care for self.
Child needs medical attention,
Child is profoundly fearful of the home situation or people within the home.

C. Parent

- Parent is intoxicated (alcohol or other drugs) now or is consistently under the influence.
Parent is out of control (mental illness or other significant lack of control).
Parent is demonstrating bizarre behaviors (e.g., incoherent or inappropriate).
Parent is unable or unwilling to perform basic care.
Parent is acting dangerous now or is described as dangerous.
Parent's whereabouts are unknown.
One or both parents overtly reject intervention.

D. Family

- The family may flee.
The family hide the child.
Child is subject to present/active domestic violence.

Describe present danger threats:

2. Impending Danger Threats (Check all that apply)

A foreseeable state of danger in which a family behavior, attitude, motive, emotion or situation that can be anticipated to have severe effects on a child at any times in the near future and requires safety intervention.

- No adult in the home will perform parental duties and responsibilities.
One or both parents/caregivers are violent.
One or both parents'/caregivers' behavior is dangerously impulsive or they will not/cannot control their behavior.
One or both parents/caregivers have extremely negative perceptions of the child.

Department Worker Complete

Department Worker Complete	<input type="checkbox"/> Family does not have or use resources necessary to assure the child's basic needs. <input type="checkbox"/> One or both parents/caregivers fear they will maltreat the child and/or request placement. <input type="checkbox"/> One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met. <input type="checkbox"/> One or both parents/caregivers intend(ed) to seriously hurt the child. <input type="checkbox"/> The child has exceptional needs which the parents/caregivers cannot or will not meet. <input type="checkbox"/> Living arraignments seriously endanger the child's health. <input type="checkbox"/> The child is profoundly fearful of the home situation or people within the home.									
	Describe impending danger threats:									
	<p>3. Child Vulnerable to Danger Threats <i>(Check all that apply)</i></p> <table border="0"> <tr> <td><input type="checkbox"/> Age (always includes ages 0-6)</td> <td><input type="checkbox"/> Physical disability</td> </tr> <tr> <td><input type="checkbox"/> Mental disability</td> <td><input type="checkbox"/> Powerless</td> </tr> <tr> <td><input type="checkbox"/> Provoking behavior</td> <td><input type="checkbox"/> Defenseless</td> </tr> <tr> <td><input type="checkbox"/> Non-assertive</td> <td><input type="checkbox"/> Illness</td> </tr> <tr> <td><input type="checkbox"/> Invisible</td> <td></td> </tr> </table> <p>Describe how the child's vulnerability relates to the identified danger threats:</p>	<input type="checkbox"/> Age (always includes ages 0-6)	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Mental disability	<input type="checkbox"/> Powerless	<input type="checkbox"/> Provoking behavior	<input type="checkbox"/> Defenseless	<input type="checkbox"/> Non-assertive	<input type="checkbox"/> Illness	<input type="checkbox"/> Invisible
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<input type="checkbox"/> Provoking behavior	<input type="checkbox"/> Defenseless									
<input type="checkbox"/> Non-assertive	<input type="checkbox"/> Illness									
<input type="checkbox"/> Invisible										
4. Describe how the parents' protective capacities are currently insufficient to protect the child from the danger threats listed above:										
5. It is contrary to the child's welfare to remain in the home due to:										

Efforts to Prevent Removal				
1. Describe efforts to prevent removal or the emergency circumstances present:				
2. An in-home plan will not work for this child, because:	<input type="checkbox"/> plan is not <table border="0"> <tr> <td><input type="checkbox"/> sufficient</td> </tr> <tr> <td><input type="checkbox"/> feasible.</td> </tr> <tr> <td><input type="checkbox"/> sustainable.</td> </tr> </table> <input type="checkbox"/> cannot immediately control or manage threat of danger. <input type="checkbox"/> needed people or services are not accessible or available when threat will be present. <input type="checkbox"/> the plan would rely on parental promises to control what has been assessed as out of control. <input type="checkbox"/> Other:	<input type="checkbox"/> sufficient	<input type="checkbox"/> feasible.	<input type="checkbox"/> sustainable.
<input type="checkbox"/> sufficient				
<input type="checkbox"/> feasible.				
<input type="checkbox"/> sustainable.				

Other Information

1. Name and contact information of adult relative(s) or other adult individual(s) the parent requests the court to consider as placements for the child: (List at least 3, if possible)

- A.
- B.
- C.

2. Describe immediate, interim family interaction plan between parents and child and siblings, if any:

No family interaction plan because:

3. List any other conditions for the TPC order that Department or Agency may/will request:

4. Siblings placed together: Yes No

If no, describe why not:

5. Information the Department or agency needs to obtain in order to completely assess the family:

6. Will the child be able to remain in the same daycare/school? Yes No

If no, then explain:

INDIAN CHILD

1. Is the child an Indian child? Yes No Undetermined (Explain: _____)

- Menominee Enrolled Eligible for Menominee Enrollment
- Menominee Descendant Eligible for Menominee Descendant

Other Tribe:

- Enrolled Eligible for Enrollment and Mother is enrolled Father is enrolled.

2. Was placement made in compliance with the order of placement preferences? Yes No

If no, explain good cause or emergency conditions which necessitated departing from the placement preferences:

► _____
Signature

Name Printed or Typed

Address

Email Address Telephone Number

Date State Bar No. (if any)