

IN THE INTEREST OF

**Temporary Physical Custody Request  
(Delinquency – Ch. 278 Art. XII)**

Name \_\_\_\_\_

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

Referring Agency Case Number \_\_\_\_\_ Department Case Number \_\_\_\_\_

<b>Child's Name</b> (Last, First, Middle)	Child's Date of Birth	Child's Place of Birth	Child's Tribal Affiliation	Child's Home Telephone Number	Child's Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Child's Address</b>					

<input type="checkbox"/> address is on the Menominee Indian Reservation with jurisdiction under § 278-3.	<b>Why was child taken into custody? (§278-167 Menominee Tribal Code)</b> <input type="checkbox"/> Warrant/Capias/Order by Judge <input type="checkbox"/> Reasonable grounds child needs immediate care or medical attention <input type="checkbox"/> Child Abandoned <input type="checkbox"/> Child is runaway <input type="checkbox"/> Child in immediate danger from his/herself or his/her surroundings and removal is necessary <input type="checkbox"/> Child suffering from illness, injury or imminent threat of physical harm or damage <input type="checkbox"/> Probable cause exists to believe that the child committed a delinquent act. <input type="checkbox"/> Criminal Act <input type="checkbox"/> Violation of Civil Law or Ordinance <input type="checkbox"/> Compulsory School Attendance
Child's County of Residence	

Requesting Agency Complete	<b>Mother's Name and Address</b>	Mother's Date of Birth	Mother's Place of Birth	Mother's Tribal Affiliation	Mother's Home Telephone Number	Mother's Work Telephone Number
	<b>Father's Name and Address</b> <input type="checkbox"/> See attached for additional parties.	Father's Date of Birth	Father's Place of Birth	Father's Tribal Affiliation	Father's Home Telephone Number	Father's Work Telephone Number
	Legal Status: <input type="checkbox"/> Birth <input type="checkbox"/> Adjudicated/Adoptive <input type="checkbox"/> Presumed <input type="checkbox"/> Alleged <input type="checkbox"/> Unknown					
	<b>Legal Guardian/Indian Custodian's Name and Address</b>	Date of Birth	Place of Birth	Tribal Affiliation	Home Telephone Number	Work Telephone Number

Other known information in regard to tribal affiliation or enrollment, including all potential tribes that the child may be a member and aliases or enrollment numbers of parents, grandparents, or other direct lineal ancestors:

Date and Time Taken Into Custody \_\_\_\_\_ Taken Into Custody By \_\_\_\_\_ Agency \_\_\_\_\_

The parents notified by referring party?    Yes (Date and Time)    No   Additional information on notice: \_\_\_\_\_

Why was child not released? \_\_\_\_\_

Supporting facts of reason why child was taken into physical custody (§§ 278-167,168, and 193 Menominee Tribal Code):  
 \_\_\_\_\_  See attachment

Copy provided to child, if age 10 or over:    Yes    No

Dept Worker Complete	Was child (12 years or older) notified of right to counsel and right against self-incrimination? (§278-163, 165, Menominee Tribal Code) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Were notice of custody decision and hearing rights provided? (§§ 278-167,168,165 and 166, Menominee Tribal Code) Child: <input type="checkbox"/> Yes, Date _____ Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> No Mother: <input type="checkbox"/> Yes, Date _____ Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> No Father: <input type="checkbox"/> Yes, Date _____ Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> No
	If no, what ongoing efforts have been made to notify? _____

Department Worker Complete	Indian Custodian: <input type="checkbox"/> Yes, Date _____ Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> No	If parent(s)/Indian custodian are unknown, what efforts have been made to locate or contact?
	Tribe: <input type="checkbox"/> Yes, Date _____ Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> No Child (12 years or older): <input type="checkbox"/> Yes, Date _____ Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> No	
<b>Jurisdictional Basis:</b> <input type="checkbox"/> 1. DELINQUENCY: § _____ <input type="checkbox"/> 2. NO JURISDICTION		
<b>Continued Custody Criteria: (§§ 278-172, Menominee Tribal Code.)</b> <input type="checkbox"/> 1. Child will: <input type="checkbox"/> cause injury to self or to property of others <input type="checkbox"/> be subject to injury by others. <input type="checkbox"/> run away or be taken away so as to be unavailable for further court proceedings, or <input type="checkbox"/> 2. Parent, guardian, caretakers or other responsible adult is unable to provide adequate supervision and care, or <input type="checkbox"/> 3. Parent has relinquished custody of the child, or <input type="checkbox"/> 4. Child has committed a delinquent act and there is substantial risk of physical harm to another or running away; or <input type="checkbox"/> 5. Is a fugitive from another jurisdiction or runaway from a juvenile correctional facility and there was no reasonable opportunity to return the child; or <input type="checkbox"/> 6. A protective order was issued and the child consented in writing to the custody; or <input type="checkbox"/> 7. Ran away or committed a delinquent act while in non-secure custody and no other suitable alternative exists; or <input type="checkbox"/> 8. Is alleged or adjudicated delinquent and is a runaway from another jurisdiction and would runaway from non-secure custody; or <input type="checkbox"/> 9. Is subject to adult criminal court jurisdiction and is under 15 years of age.		
<b>Placement Decision:</b> <input type="checkbox"/> 1. Child released. <input type="checkbox"/> 2. Nonsecure custody: (§§278-168, 170, 172,) <input type="checkbox"/> A. At the home of a <input type="checkbox"/> parent. <input type="checkbox"/> relative. <input type="checkbox"/> guardian. <input type="checkbox"/> person not a relative. <input type="checkbox"/> B. At licensed foster home, treatment foster home, or group home. <input type="checkbox"/> C. At non-secure facility operated by a licensed child welfare agency. <input type="checkbox"/> D. At licensed private or public shelter care facility (including holdover room). <input type="checkbox"/> E. At hospital or physician's office if the child is believed to be suffering from a serious physical condition which requires either prompt diagnosis or prompt treatment. <input type="checkbox"/> F. At licensed treatment facility approved by the county as the child is believed to have a mental illness or developmental disability or to be drug dependent and exhibits conduct that constitutes a substantial probability of physical harm to the child or to others, or a very substantial probability of physical impairment or injury to the child exists due to the impaired judgment of the child. <input type="checkbox"/> G. At approved public treatment facility for emergency treatment as the child is believed to be an intoxicated person who has threatened, attempted or inflicted physical harm on himself or herself or on another and is likely to inflict such physical harm unless committed, or is incapacitated by alcohol. <input type="checkbox"/> 3. Secure custody because: (§278-168,170, 172): <input type="checkbox"/> A. To a secure detention facility approved or designated by the Court. <input type="checkbox"/> B. Child has run away or committed a delinquent act while in nonsecure custody. <input type="checkbox"/> C. Has committed a delinquent act and there is a substantial risk of physical harm to another or running away. <input type="checkbox"/> D. Is a fugitive from another jurisdiction or runaway from a juvenile correctional facility and there was no reasonable opportunity to return the child.		
Placement in the home is contrary to the welfare of the child, due to: <span style="float: right;"><input type="checkbox"/> See attachment</span>		
Efforts made to prevent removal and return the child safely to the home include: <span style="float: right;"><input type="checkbox"/> See attachment</span>		

Name of Placement <input type="checkbox"/> Not disclosed to parent due to imminent danger	Address		Telephone Number
Special precautions/information concerning child/family:			
Signature of Intake Worker	Date and Time Custody Authorized	Date and Time of Custody Hearing	Date and Time of Release