

IN THE INTEREST OF

**Temporary Physical Custody Request
(MITW - Chapter 278)**

Name _____

Date of Birth _____

Referring Agency Case Number _____ Department Case Number _____

Child's Name (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

<input type="checkbox"/> Address is on the Menominee Indian Reservation with jurisdiction under § 278-3. Child's County of Residence	Why was child taken into custody? (§§278-31, 278-51 Menominee Tribal Code)				
	<input type="checkbox"/> Warrant/capias <input type="checkbox"/> Order by judge <input type="checkbox"/> Child Surrendered <input type="checkbox"/> Child Abandoned <input type="checkbox"/> Child is runaway or fugitive from justice <input type="checkbox"/> Violation conditions of temporary custody order	<input type="checkbox"/> Child suffering from illness, injury or imminent threat of physical harm or damage <input type="checkbox"/> Child has suffered or is likely to suffer serious psychological/emotional or physical harm inflicted by parent(s), guardian(s), or caretaker(s) other than by accidental means or which is self-inflicted and which caused a substantial risk of death disfigurement, or impairment of bodily or mental functions. <input type="checkbox"/> Parent/Guardian/Caretaker unavailable, unwilling or unable to provide necessary supervision or care causing child safety or wellbeing to be in imminent risk. <input type="checkbox"/> Another child in home is subject to one or more conditions above			

Requesting Agency Complete	Mother's Name and Address	Mother's Date of Birth	Mother's Place of Birth	Mother's Tribal Affiliation	Mother's Home Telephone Number	Mother's Work Telephone Number
	Father's Name and Address <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					
Legal Guardian/Indian Custodian's Name and Address	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 (§§278-31,32; 278-51,52, and 193 Menominee Tribal Code):
 See attachment (TPC 101A Temporary Physical Custody Request Supplement)

Copy provided to child, if age 12 or over: Yes No

Dept Worker	Was child (12 years or older) notified of right to counsel? (§278-51 or 278-170 Menominee Tribal Code) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Were notice of custody decision and hearing rights provided? (§278-32, 33 or 278-52(D),53 Menominee Tribal Code) 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	
Jurisdictional Basis: <input type="checkbox"/> 1. No Jurisdiction. <input type="checkbox"/> 3. JIPS: §278-55, _____ <input type="checkbox"/> 2. CHIPS: §278-36, _____		
Continued Custody Criteria: (§§ 278-33 or §278-53, Menominee Tribal Code.) <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. The health and safety of the child cannot be assured if the child is not kept in custody.		
Placement Decision: <input type="checkbox"/> 1. Child released. <input type="checkbox"/> 2. Nonsecure custody: (§§278-23, and 34, or 278-51, 52, and 278-193 Menominee Tribal Code.) <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"/> H. Other placement allowed pursuant to Section 278: _____.		
Placement in the home is contrary to the welfare of the child, due to: <input type="checkbox"/> See attachment (TPC 101A Temporary Physical Custody Request Supplement)		
Efforts made to prevent removal and return the child safely to the home include: <input type="checkbox"/> See attachment (TPC 101A Temporary Physical Custody Request Supplement)		
Emergency removal and placement outside of the home is necessary to prevent imminent physical damage or harm to the Indian child because:		
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		