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| **STATE OF WISCONSIN, CIRCUIT COURT,** **COUNTY** |
| IN THE INTEREST OF      Name      Date of Birth | SummonsCase No.        |

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| **TO:**        |

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| A Petition alleging the child/juvenile |
|  | [ ]  is in need of protection and services under Chapter 48 |
|  | [ ]  is in need of protection and services under Chapter 938 |
|  | [ ]  is in need of a guardian under Chapter 48 |
|  | [ ]  is a delinquent |
|  | [ ]  should be waived out of juvenile jurisdiction |
|  | [ ]  has violated civil law/ordinances |
| has been filed and is attached to this Summons. |
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| **IT IS ORDERED THAT you appear for a hearing on:** |
| **NOTICE OF HEARING** |
| Date      | Time      | Nature of Hearing      | Location (Include Room No.)      |
| Circuit Court Judge/Circuit Court Commissioner      |
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| * **If this hearing is for waiver of juvenile jurisdiction, the juvenile must be represented by counsel and any request for a substitution of judge must be filed before the close of the working day before the day the waiver hearing is scheduled.**
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| * You have the right to have an attorney present. A juvenile age 14 or under alleged to be delinquent must be represented by an attorney.
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| * If the child/juvenile wants to be represented by an attorney, or the juvenile is required to be represented by an attorney, the State Public Defender will appoint one. Based on ability to pay, the parents may be ordered to reimburse the state or county for the cost of an attorney.
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| * If the Indian Child Welfare Act applies to this case, use form IW-1720.
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| **IF YOU FAIL TO APPEAR AS SUMMONED**, you may be held in contempt of court, or a capias (warrant) may be issued for your arrest. |
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| 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. |
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|  |       Signature of Petitioner or Petitioner’s Attorney (if not signed by a Circuit Court Judge/Circuit Court Commissioner)      Name Printed or Typed      Date |