



**STERLING**  
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## Notice of Hearing (Juvenile)

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(920) 479-2058

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

IN THE INTEREST OF

Name \_\_\_\_\_

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

**Notice of Hearing  
(Juvenile)**

Case No. \_\_\_\_\_

This case is scheduled for a hearing as indicated below:

NOTICE OF HEARING		
Date	Time	Location (Include Room No.)
Circuit Court Judge/Circuit Court Commissioner		

- Temporary Physical Custody
- Waiver of Juvenile Jurisdiction
- Plea
- Hearing on Petition
- Motion(s)
- Pre-trial
- Fact Finding
  - Court
  - Jury \_\_\_\_\_ person(s)
- Disposition
- Extension
- Change of Placement
- Revision
- Permanency Hearing
- Guardianship
- Other: \_\_\_\_\_

- **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.**
- You have the right to have an attorney present. A juvenile 14 or under alleged to be delinquent must be represented by an attorney.
- If a child/juvenile wants to be represented by an attorney, or the juvenile is required to be represented by an attorney, the State Public Defender may appoint an attorney. Based on ability to pay, the parents may be ordered to reimburse the state or county for the cost of an attorney.
- If the Indian Child Welfare Act applies to this case, use form IW-1724.  **See attached**

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.

\_\_\_\_\_ County Circuit Court

\_\_\_\_\_ Date

DISTRIBUTION	Personal Service	Mail Notice	TELEPHONE NOTICE			
			NAME	DATE	TIME	BY
1. Court						
2. Child/Juvenile						
3. Parent 1						
4. Parent 2						
5. Prosecutor						
6. Child's/Juvenile's Attorney/GAL						
7. Dept. Soc. Services						
8. Foster Parents/Treatment Foster Parents Physical Custodian						
9. Other: _____						