

Oneida Family Court  
P O Box 19  
Oneida, WI 54155  
(920) 496-7200

## **INSTRUCTIONS FOR FILING A MOTION TO CHANGE PLACEMENT**

1. Complete and sign the Motion to Change Placement.
2. Have a copy of the completed and signed motion served on the other parties involved (e.g., parent(s), caregiver(s), Oneida Nation Indian Child Welfare Department, etc.) by first-class mail.
3. File the original motion form, your proof of service, and pay the \$25.00 filing fee with the Clerk (or request a fee waiver). **PLEASE NOTE: The court will not accept your motion without the proof of service and the filing fee.**
4. Unless the parties have attached a stipulated agreement, the other parties have 14 days to respond to your motion in writing. The court may also allow the parties to respond orally at the hearing.
5. Unless the parties have attached a stipulated agreement, a hearing will be scheduled after 14 days have passed from the date of your filing.

**Any questions, call the Clerk of Court at (920) 496-7200.**

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**ONEIDA FAMILY COURT**

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**IN THE INTEREST OF:**

\_\_\_\_\_  
Name

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

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

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**Motion to Change Placement**

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**I STATE ON INFORMATION AND BELIEF:**

1. The petitioner is:
  - the Department.
  - the Nation's child welfare attorney.
  - the child, if age 12 or older.
  - the child's guardian ad litem.
  - the child's parent.

Child's Address and Telephone Number	
Parent 1's Name, Address, and Telephone Number	Date of Birth
Parent 2's Name, Address, and Telephone Number	Date of Birth
Guardian's Name, Address, and Telephone Number:	
Current Caregiver's Name, Address, and Telephone Number:	
Petitioner's Name (If Not Listed Above, Include Address and Telephone Number):	

2. I request the court change the placement of the child.
  - a. Name and address of proposed placement: \_\_\_\_\_
  - b. Date of proposed change in placement: \_\_\_\_\_
  - c. Give the reason for new placement, including new information that affects the advisability of the current placement: \_\_\_\_\_

See attached

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3.  The proposed change in placement would move the child from in the home to outside of his or her home.
- a. Continued placement in the home at this time is contrary to the best interests of the child because: \_\_\_\_\_  
 See attached
- b.  If the request is being made by the Department or the Nation's child welfare attorney, reasonable efforts to prevent the removal were made by the Department as follows: \_\_\_\_\_  
 See attached
5. Other (e.g., date placed in or removed from trial reunification home, if applicable):  
\_\_\_\_\_  
 See attached
6. I request:
- A hearing be scheduled on this motion.
  - The court approve the attached stipulation which has been signed by all of the parties.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed or Typed

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**CERTIFICATE OF SERVICE BY MAIL**

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The undersigned, being first duly sworn on oath, certifies and says that he/she is a \_\_\_\_\_ with the Oneida Nation Indian Child Welfare Department and that on the date stated he/she did deposit a true and correct copy of the papers described below, properly enclosed in a postpaid envelope bearing sender's name and address, and addressed to the following person(s) at their proper post office address(es) as indicated.

Date Mailed: \_\_\_\_\_, 20\_\_\_\_

Documents: **Motion to Change Placement**

TO: Oneida Nation  
Indian Child Welfare Department  
P.O. Box 365  
Oneida, WI 54155

Name  
Street Address  
City, State and Zip

Name  
Street Address  
City, State and Zip

\_\_\_\_\_  
Name