

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

IN THE INTEREST OF

Notice and Order of Hearing (For Publication)

\*Child's name (if ordered by the court) or girl/boy child

Born to: \_\_\_\_\_ Case No. \_\_\_\_\_

\*Mother's name (if mother consents)

To: \_\_\_\_\_

Physical Description of alleged parent: \_\_\_\_\_

and any unknown parent at unknown address.

Additional identifying information:

Date of conception: \_\_\_\_\_
Place of conception: \_\_\_\_\_
Date of birth: \_\_\_\_\_
Place of birth: \_\_\_\_\_

IT IS ORDERED:

This notice be published advising you that a petition for termination of your parental rights to the above named child be heard at the \_\_\_\_\_ County Courthouse, \_\_\_\_\_ Wisconsin, Rm./Br.-address \_\_\_\_\_ on (date) \_\_\_\_\_, at (time) \_\_\_\_\_.

You have the right to have an attorney present. If you desire to contest the matter and cannot afford an attorney, the state public defender may appoint an attorney to represent you.

If you fail to appear and the court terminates your parental rights, either a motion to seek relief from the judgment or a notice of intent to pursue relief from the judgment must be filed in the trial court within 30 days after the judgment is entered, in order to preserve the right to pursue such relief.

If you need help in this matter because of a disability, please call \_\_\_\_\_.

[ ] \*IT IS FOUND AND ORDERED THAT it is essential to include the child's name in this notice in order to give effective notice to the father.

\*This notice shall be published one time.

If you need help in this matter because of a disability, please call:

[ ] Please check with attorney/petitioner below for exact time and date.

Name of Attorney
Address
Telephone Number Bar Number

BY THE COURT:

Circuit Court Judge/Court Commissioner
Name Printed or Typed
Date

\*Notice to Printers - DO NOT PRINT this text when publishing notice. \*\*DO NOT PRINT this text if left blank.

\* NOTICE TO PRINTER - DO NOT PRINT lines marked with an asterisk.