STATE OF WISCONSIN, CIRCUIT COURT, _____ **COUNTY**

State of Wisconsin, Plaintiff

-vs-

_____
Defendant's Name

_____
Date of Birth

	Order for Conditional Release Plan **(Not Guilty by Reason of Mental Disease or Defect)**
	Case No. _____

Defendant's:

Present Location (Include municipality and county)

THE COURT FINDS:

1. The defendant was committed to the Department of Health Services (DHS) on [Date] _____. A copy of the Order of Commitment is attached.

2. On [Date] _____, the court determined that conditional release would not pose a significant risk either of bodily harm to the defendant or to others, or of serious property damage.

3. The defendant resides in _____ County.

THE COURT ORDERS:

1. DHS and the §51.42 Board of the county of the defendant's residence prepare a plan that identifies
   - the treatment and services, if any, that the defendant will receive in the community;
   - the defendant's needs, if any, for supervision, medication, community support services, residential services, vocational services, and alcohol or other drug abuse treatment,
   - who will be responsible for providing the treatment and services identified in the plan.

2. All the defendant's treatment records requested by DHS be released to DHS.

3. The plan be presented to the court for approval
   ☐ within 21 days for a defendant who is not in an institution under this commitment
   ☐ within 60 days for a defendant who is in an institution under this commitment
   after the date the court determined the defendant appropriate for conditional release.

4. The hearing be held on [Date] _____ at [Time] _____ ☐ a.m. ☐ p.m.

THIS IS A FINAL ORDER FOR THE PURPOSE OF APPEAL IF SIGNED BY A CIRCUIT COURT JUDGE.

DISTRIBUTION:
1. Court
2. District Attorney
3. Defense Attorney
4. Department of Health Services

5. Department of Corrections
6. §51.42 Board (of county of defendant's residence)
7. Sheriff (where defendant will reside)
8. Municipal Police Department (where defendant will reside)