

## FORM SUMMARY

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**Name of Form:** Order on Competency

**Form Number:** CR-280

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**Statutory Reference:** §971.14(6), Wisconsin Statutes

**Benchbook Reference:**

**Purpose of Form:** Order on competency.

**Who Completes It:** Court.

**Who Signs It:** **BY THE COURT:** Circuit Court Judge/Circuit Court Commissioner.

**Distribution of Form:** Court; copies to district attorney, defense attorney, examiner, DHFS, Mental Health Institute, defendant.

Addresses for DHFS , WMHI and MMHI:

- DHFS, Community Forensic Services  
1 W. Wilson St., Rm. 850  
PO Box 7851, Madison, WI 53707-7851
- WMHI Registrar  
PO Box 9, Winnebago, WI 54985
- MMHI Registrar  
301 Troy Dr., Madison, WI 53704

**Accompanying Forms:**

**New Form/Modification:** Modified; last update 11/18.

**Modification:** Added “Name of Facility” to #3.

**Comments:**

**About this Form:** This form is the product of the Wisconsin Records Management Committee, a committee of the Director of State Court's Office and a mandate of the Wisconsin Judicial Conference.

**If you have additional information that does not change the meaning of the form, attach it on a separate page. The form itself shall not be altered.**