

FORM SUMMARY

Name of Forms: Physician's Statement - Involuntary Administration of Psychotropic Medication

Form Number: GN-4175

Statutory Reference: §55.14, Wisconsin Statutes

Benchbook Reference: GA 3-24

Purpose of Form: Report by physician concerning whether psychotropic medication should be administered to an individual involuntarily

Who Completes It: Physician

Distribution of Form: Court; Guardian ad litem and attorney for the ward or ward.

Accompanying Forms: None

New Form/Modification: New form.

Modifications:

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.