

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

State of Wisconsin, Plaintiff
-vs-

**Order of Commitment for Treatment
(Incompetency)**

Defendant's Name _____

Case No. _____

Date of Birth _____

Defendant's:

Telephone Number	Address
Present Location	

THE COURT FINDS:

1. The defendant was
 charged and a probable cause determination was made as to the following crime(s):
 found guilty of the following crime(s):

Crime(s) (include enhancers, if any)	Wis. Statute(s) Violated	Date(s) Committed

2. The defendant is incompetent to proceed at this time, but if provided with appropriate treatment is likely to become competent:
- within 12 months, or
 - the maximum sentence specified for the most serious offense, whichever is less.

3. **Involuntary administration of medication – Needed to regain competency**

- A. A mental health professional who is qualified based on knowledge, skill, experience, training, or education to provide an opinion regarding the effects of medication(s) available to treat psychiatric conditions has submitted a treatment plan.
- B. The court has found all of the following:
- 1) The defendant is mentally ill and is charged with at least one serious crime against person or property; *AND*
- 2) The involuntary administration of medication(s) according to the treatment plan will significantly further important government interests because it is:
- a. substantially likely to render the defendant competent to stand trial, *AND*

- b. substantially unlikely to have side effects that undermine the fairness of the trial by interfering significantly with the defendant's ability to assist counsel in conducting a trial defense, *AND*
- 3) The involuntary administration of medication(s) or treatment is necessary because alternative, less intrusive treatments are unlikely to achieve substantially the same results; *AND*
 - 4) The involuntary administration of medication(s) or treatment is medically appropriate, that is, in the defendant's best medical interests in light of the defendant's individual medical condition(s) as determined by a professional trained in and licensed to prescribe medication.

THE COURT ORDERS:

1. These proceedings are suspended, including bail and conditions of bond.
2. The defendant is committed on [Date] _____ to the Department of Health Services (DHS) for
 - an indeterminate term not to exceed 12 months, *OR*
 - the maximum sentence specified for the most serious offense, whichever is less.
3. The defendant is granted _____ days of credit for pre-commitment incarceration.
4. The sheriff shall transport the defendant to and from the place of treatment designated by DHS.
5. DHS shall periodically re-examine the defendant and furnish written reports to the Court three months, six months, and nine months after commitment, and 30 days prior to the expiration of the commitment.
6. If the findings under #3 are checked, the defendant shall submit to the administration of medication(s) or treatment as outlined in the treatment plan. Failure to submit to the administration of medication(s) or treatment is punishable by contempt of Court. If the defendant does not voluntarily submit to the administration of medication(s) or treatment, DHS is authorized to administer medication(s) or treatment to the defendant regardless of consent in accordance with the treatment plan and shall observe appropriate medical standards in doing so. DHS is authorized to deviate from the plan as medically necessary in cases of emergency.
7. The clerk shall provide DHS a copy of the most recent criminal complaint and examiner's report(s). The examiner shall have access to the defendant's past and or present records as defined under §51.30(1)(b), Wis. Stats. In accordance with §146.82(2)(a)4., Wis. Stats., the Court further orders the examiner shall have access to the defendant's past and/or present records as defined under §146.81, Wis. Stats.
8. Other: _____

District Attorney		

Address		

Email Address		Telephone Number

Date	Fax Number	State Bar No. (if any)
_____	_____	_____

Defense Attorney		

Address		

Email Address		Telephone Number

Date	Fax Number	State Bar No. (if any)
_____	_____	_____

- DISTRIBUTION:
1. Court
 2. Sheriff
 3. Department of Health Services
 4. District Attorney
 5. Defendant/Attorney