

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 medication and 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**
- A. The involuntary administration of medication(s) and treatment is needed because the
- 1) defendant poses a current risk of harm to self or others if not medicated or treated.
  - 2) administration of medication and treatment is in the defendant's medical interest, and
  - 3) defendant is not competent to refuse medication or treatment due to mental illness, developmental disability, alcoholism, or drug dependence because:  
 The defendant is incapable of expressing an understanding of the advantages and disadvantages of accepting medication or treatment and the alternatives.

- The defendant is substantially incapable of applying an understanding of the advantages, disadvantages and alternatives to his or her mental illness, developmental disability, and alcoholism or drug dependence in order to make an informed choice as to whether to accept or refuse medication or treatment.

**OR**

- B. The defendant is mentally ill and is charged with at least one serious crime. The involuntary administration of medication(s) or treatment is
- 1) necessary to significantly further important government interests, and
  - 2) substantially likely to render the defendant competent to stand trial, and
  - 3) 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
  - 4) necessary because alternative, less intrusive treatments are unlikely to achieve substantially the same results, and
  - 5) medically appropriate, that is, in the defendant's best medical interests in light of the defendant's medical condition.

**THE COURT ORDERS:**

1. These proceedings are suspended.
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. DHS shall designate the receiving mental health institute.
5. The sheriff shall transport the defendant to and from the designated institute.
6. The institute shall periodically re-examine the defendant and furnish written reports to the court 3 months, 6 months and 9 months after commitment and 30 days prior to the expiration of the commitment.
7. If box #3 under the findings on Page 1 is checked, DHS is authorized to administer medication(s) or treatment to the defendant and shall observe appropriate medical standards in doing so.
8. 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.
9. Other: \_\_\_\_\_

**DISTRIBUTION:**

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

|                              |            |                             |            |
|------------------------------|------------|-----------------------------|------------|
| Name of District Attorney    |            | Name of Defense Attorney    |            |
| Phone Number                 | Fax Number | Phone Number                | Fax Number |
| Address of District Attorney |            | Address of Defense Attorney |            |