

FORM SUMMARY

Name of Form: Order for Supervised Release

Form Number: CR-239

Statutory Reference: §§980.07 and 980.08, Wisconsin Statutes

Benchbook Reference: CR 50

Purpose of Form: A certified copy to Dept. of Health Services (institution). Copies to district attorney, defense attorney, Department of Corrections, §51.42 Board (of county of respondent's residence), sheriff (of county where respondent will reside) and municipal police department (where respondent will reside).

Who Completes It: Court.

Who Signs It: **BY THE COURT:** Circuit Court Judge/Clerk of Circuit Court.
THIS IS A FINAL ORDER FOR THE PURPOSE OF APPEAL.

Accompanying Forms: None.

New Form/Modification: Modified; last update 04/08.

Modifications: 2013 WI Act 84, findings that the supervised release plan adequately meets the treatment needs of the respondent and the safety needs of the community.

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.